DOCUMENT RESUME

ED 179 334 RC 011 706

TITLE Children's Programs in Appalachian States. Conference on Raising a New Generation in Appalachia (Asheville, North Carolina, November 14-17, 1978).
INSTITUTION Appalachian Regional Commission, Washington, D.C.
PUB DATE 14 Nov 78
NOTE 81p.

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Child Abuse; Child Care Centers; Child Development Centers; *Children; Community Involvement; Day Care Services; Delivery Systems; *Demonstration Programs; *Educational Programs; Exceptional Child Services; *Health Services; *Human Services; Infants; Intervention; Mental Health Programs; Parenthood Education; Perinatal Influences; Prenatal Influences; Preschool Programs; Prevention; Preventive Medicine; Referral; *Rural Areas; State Programs
IDENTIFIERS *Appalachia

ABSTRACT

Each of the 13 Appalachian states has described its overall program for children as well as some particularly innovative projects funded with assistance from the Appalachian Regional Commission. Reports are presented alphabetically by state with introductory comments from the state's governor prefacing each report. The programs for children, designed to meet the perceived needs of local communities, cover a wide range of concerns including nutrition, health care, soundness of child care, psychological well-being, early intervention and detection of physically or mentally handicapping conditions, and information and referral activities. Among the sponsoring agencies are associations for retarded children, community action agencies, local nonprofit child development councils, child care agencies, county departments of health, county departments of social services, and boards of cooperative educational services. Specific goals and accomplishments are summarized for exemplary projects in each state. These projects include a program to prevent foster child drift, a computerized referral system, a program of comprehensive services for teenage parents, and a library project for preschoolers and the parents and child care providers responsible for their development. Reports include information on funding, involvement of local citizens, and administrative roles of various agencies. (JH)

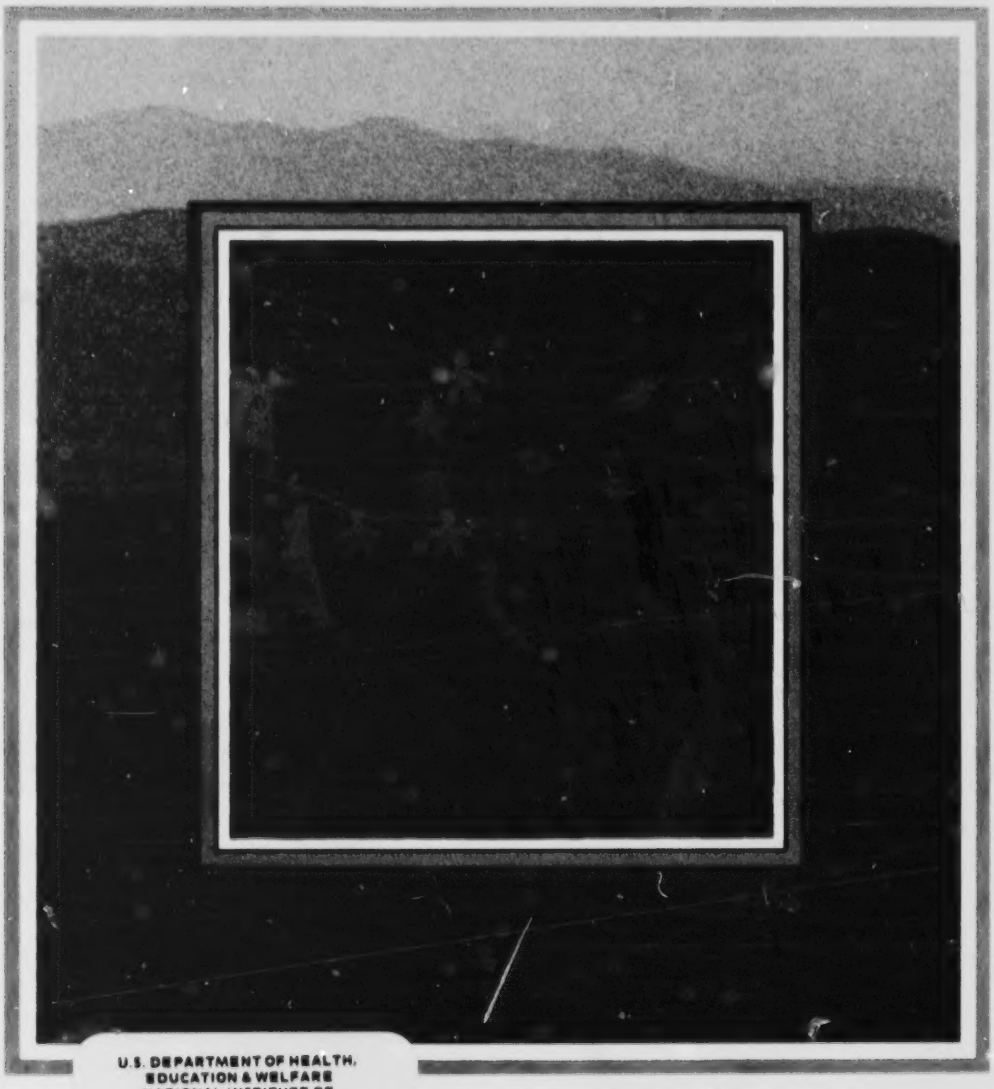
****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Raising A New Generation In Appalachia

DEC1979
ERIC/CRESS
RECEIVED

ED179334

Children's Programs In Appalachian States



U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

RC 01 17 06

APPALACHIAN REGIONAL COMMISSION

Robert W. Scott
Federal Cochairman

Gov. James B. Hunt, Jr.
North Carolina
States' Cochairman

William E. Albers
Alternate Federal Cochairman

Leonard E. Schwartz
States' Washington Representative

GOVERNORS AND STATE ALTERNATES

Alabama
GOV. GEORGE C. WALLACE
R.C. "Red" Bamberg

Georgia
GOV. GEORGE BUSBEE
Robert Wayne Haisten

Kentucky
GOV. JULIAN M. CARROLL
William L. Short

Maryland
ACTING GOV. BLAIR LEE III
William A. Pate

Mississippi
GOV. CLIFF FINCH
Windle Davis

New York
GOV. HUGH L. CAREY
Mario M. Cuomo

North Carolina
GOV. JAMES B. HUNT, JR.
Joseph W. Grimsley

Ohio
GOV. JAMES A. RHODES
Dr. Bennett J. Cooper

Pennsylvania
GOV. MILTON J. SHAPP
Norval D. Reece

South Carolina
GOV. JAMES B. EDWARDS
Patricia A. Comp

Tennessee
GOV. RAY BLANTON
Thomas D. Benson

Virginia
GOV. JOHN N. DALTON
Maurice B. Rowe

West Virginia
GOV. JOHN D. ROCKEFELLER IV
Donald D. Moyer

Henry H. Krevor
Executive Director

Children's Programs In Appalachian States

Conference on
Raising A New Generation In Appalachia

Asheville, North Carolina
November 14-17, 1978

Foreword

The materials contained in this publication were submitted by the thirteen Appalachian states to show delegates to the conference some of the activities that the states have undertaken to help children. Each state has described its overall program as well as some particularly innovative projects. We hope this information will be useful and informative.

Contents

Alabama 2
Georgia 6
Kentucky 14
Maryland 18
Mississippi 22
New York 28
North Carolina 38
Ohio 42
Pennsylvania 46
South Carolina 50
Tennessee 56
Virginia 60
West Virginia 64

Photographs provided by the states.

Alabama

Governor George C. Wallace

The Alabama Appalachian investment program during my administration has focused on meeting the needs of a predominantly rural state. In our state development plan, high priority has been given to promoting industrial development. Alabama has led the southeast in attracting industry.

Industrial growth depends on many related factors—community facilities, water and sewage systems and the availability of manpower, schools, housing and health services. The working mother has become an integral part of the labor force in our present day society and providing proper care for the children is of vital concern to all of us. It was this concern, along with my desire to see that the children of our great state were given the same opportunities as those of the more prosperous states, that led to the development of the Alabama child development program.

By Executive Order in 1971, the Alabama Interdepartmental Coordinating Committee for Early Childhood Development was created. This committee was given the responsibility of studying policies and programs of early childhood development and recommending to the departments and to the Governor certain policies which should govern the state's participation in the programs.

A study was made to develop a plan for the most cost-effective ways to implement infant and child services throughout Alabama. The interdepartmental committee agreed that Alabama would be committed to the regional approach in the delivery of services and that priorities would be given to regionalized project proposals. As Governor, I felt it essential that the child development component be an integral part of the state development plan. I wanted emphasis placed on providing basic services to children in under-served areas. Accordingly, we developed a series of regional comprehensive child development centers in the belief that this was the most cost-effective method of delivering quality services to children. Originally, the program covered 22 of Alabama's 35 Appalachian counties and served 2,500 preschool children in 53 centers. Presently, the program is housed in 26 centers serving 2,060 children.

Alabama was one of the first states in the Appalachian Region to realistically face the fact that the idealistic concept of child development theorists could not be used to serve remote rural areas. It was apparent that these programs would not survive unless the cost per child could be maintained at a reasonable figure. Therefore, the regional and individual project directors were faced with the challenge of revamping their programs to provide quality services at minimum cost. An example of this is a regional program serving ten counties that began its seventh year of operation this September.

The regional staff provides fiscal assistance to each of the seven area programs encompassing the ten counties. This is a major contribution since the programs receive funding from multiple sources requiring multiple paperwork. The staff is involved in constant fund-raising activities in an effort to assure continuation of the program. They give assistance in staff training by providing an annual regional workshop and other special workshops. They provide technical assistance and monitoring. A monthly meeting of the project directors is sponsored by the regional staff at which mutual problems are discussed.

The utilization of Appalachian Regional Commission funds matched with funds from Title XX of the Social Security Act and local funds has enabled our state to make much progress in meeting the needs of children in Appalachian Alabama.

Regional Child Development Programs

Alabama funds three types of Appalachian Regional Commission (ARC) child development programs:

- comprehensive day care centers
- health-related projects
- educational outreach service delivery projects.

Of these three categories, the major emphasis has been on the delivery of comprehensive services through day care centers.

In 1972 Alabama initiated a comprehensive ARC child development program based on the regional concept and utilitizing local development districts (LDDs) to administer the projects. The program consisted of a system of child development centers which provided the components of health and nutrition, education and social services. ARC funds were combined with Title IV-A funds under the Social Security Act for maximum utilization of the ARC investment. Although this joint funding was not ideal because of the complexities involved, it provided the financial assistance necessary at that time for the creation of a much needed service in Appalachian Alabama.

Within the complex framework of joint funding, the programs operated for approximately two years utilizing 75 percent Title IV-A funds and 25 percent ARC funds as the local matching share. The primary concern of the state office was whether or not the programs would be capable of providing the 25 percent local share required in the third year, and ultimately (within five years) if they could operate independently of further ARC aid. This problem of local money was solved to some degree when the program policy was revised in the beginning of the third year to again allow fee paying clientele to participate. This afforded a broader base of local support because fee money could be used as the local matching share. It also increased delivery of services in the community to low-income, working families.

The health and nutrition components of the program provided immediate visible results. The children in the child development centers have received sorely needed quality health services at a cost which has been minimal. This has been accomplished by relying on community, county and state resources to the fullest.

Emphasis is placed on good nutrition. The improved appearance of children is indicative of the success of this component. Good nutrition is a basic component of quality health care. Food habits are formed for life in the early childhood years.

The child development programs have provided two types of nutrition services—those that provide food directly and those that provide counseling and education on nutrition. People within the state who have been involved in nutrition services include physicians, project nurses, regional nutritionists, home demonstration agents, extension agents, social service workers and child development center personnel.

Parents have been urged to participate in the classes. Volunteer specialists have conducted workshops to discuss meal planning, food stamps, household purchasing, health education and other topics of interest to the people of the community. The hours of the workshops are scheduled to accommodate both working and nonworking parents. Limited staff and funds have prevented the centers from providing many of the services that they feel are needed. But because a major portion of Alabama's ARC centers have been located in rural areas, child development services previously available only in urban areas are being delivered to children who otherwise would have been denied these benefits. The state feels that the health and nutrition services have been especially important in these non-urban situations.

The present program consists of 26 centers which provide educational, nutritional, social and health services to approximately 2,060 children of low-income families. The centers also provide outreach and information and referral services to parents and families of the children participating in the program. The children range in age from one to six years.

The operating budgets of the past five years have added over $18,105,396 to the economy of the state and local communities, with an economic impact of $126,737,772. Some 550 persons are currently employed as a result of these programs, 90 percent of them minimum wage personnel.

ARC, Title XX, state and local sources provide the primary funding base. Title XX funds are used to provide child care services for eligible welfare children. A sliding fee scale, based on per capita family income, is used for nonwelfare children. ARC and local funds supplement the fees to cover the total cost per nonwelfare child. The programs will begin their seventh year of operation at the turn of the year.

The original goal was to establish a demonstration project which would be cost effective in bringing to the working poor a comprehensive approach to education, social services, nutrition and health. That goal was accomplished and the demonstration has become a viable network of service delivery projects. This could not have been accomplished without the fullest use of community, county and state resources. Local financial support has been impressive.

Through the combined efforts of regional and center personnel and state agencies, state support for child development centers has progressively increased over the past four years.

The ARC child development programs were instrumental in improving day care standards throughout the state by promoting mutual cooperation and joint training programs. ARC regulations demanding that federal interagency requirements for day care be adhered to also has focused attention on the need in all federally funded programs to observe uniform require-

ments. However, Alabama feels very strongly that the federal interagency requirements for child/staff ratios is totally unrealistic and economically unfeasible. It is our position that such regulations should be determined by the state. This could be done without detriment to the children and would increase the probability of continuing the programs.

The ARC child development program in Alabama has played a helpful role in clarifying the conflicting regulations of funding agencies relative to jointly funded ARC and Title IV-A programs. Albama takes the position that uniformity must be furthered in administrative procedures and guidelines if joint funding is to be economically and administratively feasible.

The program has made local committees and officials aware that the delivery of comprehensive services to children cannot be maintained without consistent local interest and financial support. We believe this must be considered before initiating a program with federal seed money.

East Alabama's Regional Comprehensive Child Development Program

The program referred to in the Governor's statement is the east Alabama regional comprehensive child development program located in Anniston. It serves a ten-county area through subcontracts with eight programs which operate a total of 19 child development centers, 17 of which receive ARC support. The other two are operated mainly with Title XX funds. Begun in September 1972, the project is currently operating under the second year of the ARC two-year authorized extension. Additional funding is obtained from Title XX, the U.S. Department of Agriculture, state and local sources and parent fees.

The 17 ARC-supported child development centers operated by the eight programs serve more than 1,000 children ranging from three months to six years of age. About 80 percent of the children are from one-parent families. Over 85 percent of the families have incomes below the poverty guideline. More than 90 percent of the mothers are over 21 years of age, but almost 63 percent have less than a high school education. The average cost per child during the 1976-77 fiscal year was $1,723.

The grantee for the project is the East Alabama Planning and Development Commission. The regional commission subcontracts with various agencies to run the eight child development programs and provides technical assistance and training to the staffs in management, proposal development, funding and child development.

The child development program administrator is responsible for writing proposals, with input from the project directors. Once written, they go to the Alabama development office for review and final approval. The project funds are managed by the program administrator and allocated through subcontracts to county agencies to run the child development programs. Each of the project directors at the county level is responsible to a local board of directors and these agency boards are responsible to the grantee. Program plans and budgets are developed through joint efforts of the program administrator and the local project directors after project applications are approved. All programmatic functions are the responsibility of each project's board of directors and project directors.

The regional staff, as part of the LDD, provides no direct treatment for children or their families. Each of the eight programs provides comprehensive day care services, including education, nutrition, health and social services. The services offered by each program depend on the specific needs of each community.

The administration of the program is coordinated through the regional staff. Additional services are delivered by other community agencies—county health, mental health and social services departments.

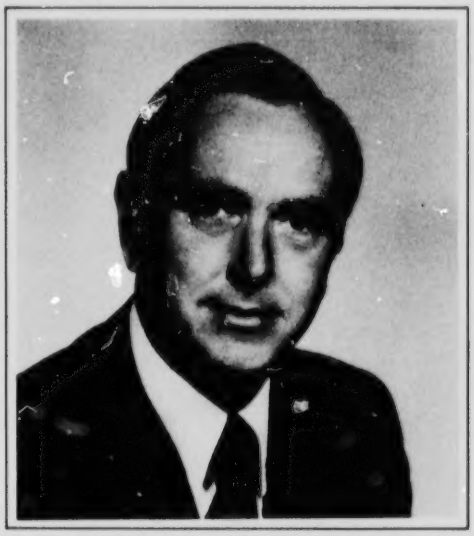
Education Delivery Projects

ARC funds also have been invested in other innovative projects. The Allan Cott School for emotionally disturbed children is located in St. Luke's Episcopal Church in Birmingham and serves 40 children. Ten of these are of preschool age. The purpose is to provide individual attention through program activities for the severely disturbed child who has been excluded from traditional education programs. Remarkable progress has been made. The enrollment has increased from 16 to 40 and at the close of the fourth year, ten children were graduated. The school has received strong and dedicated support from the community.

Dr. Allan Cott, a New York psychiatrist, serves as medical consultant to the school. He is available at no cost to the family to treat children with megavitamins if the parents wish to take advantage of this service. He is licensed to practice in Alabama and comes to Birmingham about once every three months to monitor and review each of his patient's progress. He observes the children in the classrooms and meets with the parents as a group or individually. He maintains contact with parents both by telephone and by writing between visits. He cooperates with local psychiatrists who may also be seeing the children.

The Jefferson County child development council is the grantee for the educational services outreach (ESO) project. The council provides a volunteer program to improve the quality of education in approximately 110 day care centers in Jefferson County through supportive administrative services and supportive enrichment services to children, parents, teachers and other day care personnel. Twenty-five volunteers from the Junior League, the League of Women Voters and the Council of Jewish Women work with ESO. The outreach center has on hand 378 items which are presently on loan to licensed day care centers. The training of volunteers and teachers is given a high priority. Six classroom workshops conducted by qualified volunteers were attended by 158 day care staff members representing 44 day care centers. This program has established a reputation for providing much needed services to day care centers with very limited funds.

Georgia



Governor George Busbee

Raising a vital new generation of Georgians requires innovations heretofore undreamed of in virtually all of our social systems. Without change we cannot develop the necessary responses to the problems of inequality of materialism, the squandering of resources and the other problems that characterize our postindustrial society.

Our society today is one of mixed blessings. Emphasis has been placed on materialism, scientific advancement and technology. Without this emphasis, of course, we would not have the resources and the knowledge that favor the present generation. And yet it is this very trend of materialism, technology and industrial development which has produced many of today's social ills—dehumanizing and repetitive labor, environmental morbidity, the continuance of social inequities and injustices and of strains on the family.

In Georgia we have learned that solutions do not come magically out of more money or more resources. There is an obvious limit to fiscal resources, and while Georgia will make new funding available when appropriate and necessary, new emphasis must be placed on the reallocation of current resources and on the development of improved management that provides the most cost-effective services. Increased demands from virtually all sectors of state government have had a significantly limiting effect on the funds available for education. Realistically, this situation is not apt to change. So it becomes crucial to develop methods for ensuring the most efficient and effective use of available dollars. Georgia is making new strides in this direction.

With disease patterns of the past essentially under control, the major effort in helping to raise a healthy new generation of Georgians must be redirected. Raising the new generation requires a good beginning in life. Good maternal nutrition, a stable emotional environment and adequate perinatal care all are necessary.

All too frequently in the past, human services have been offered in fragmented programs which too often were controlled by regulations prohibiting human service agencies from offering support until some catastrophic personal event occurred. The welfare system perpetuated this effect and stereotyped recipients as poor and worthless.

The present administration believes that at the root of this problem lies the need for equal, fair and full employment. Not everyone, however, can be employed. So it is imperative that we have a program which allows the allocation of funds to families to maintain their basic human needs. During the last two years, the Georgia Department of Human Resources has been streamlined so that human services can be delivered in a caring, humane manner. One of the most significant organizational changes was the creation of a single division of family and children services with 19 districts. This ensures clearer lines of supervision and accountability from the division director to the 159 county departments of family and children services.

Nothing could be more vital or command more of our attention in securing the hope we place in Georgia's next generation than the lessons we are learning—and can profitably apply statewide—in the special efforts made under Appalachian Regional Commission programs for the Appalachian people of our state.

Development of Resources

In Georgia the primary child care need identified with Appalachian Regional Commission (ARC) funding in the early 1970s was quality, comprehensive day care to permit parents to hold jobs. Twenty-nine day care programs were developed, providing services in 22 of the 35 Appalachian counties. Approximately 1,900 children receive day care with planned educational activities in an environment which also enhances their social emotional and physical growth. Health physicals, immunizations, screenings and treatment and daily meals and snacks are components of the programs. Social services staff members are available to assist parents and to provide parent education workshops.

Under Governor Busbee's administration the family day care concept was introduced in which small numbers of children are cared for in private homes. In the Georgia mountain area, the local development district (LDD) has been instrumental in identifying women interested in receiving training in child development and in establishing family day care homes. Because Georgia lacks the staff to enforce licensing of family day homes, the LDDs, community action agencies and other groups are helping to upgrade family day care in private homes.

A home management program has been developed in Georgia to focus on the needs of families isolated from services and without expertise in child rearing. The north Georgia community action program, ACTION, Inc., and the Heard County commissioners sponsor outreach programs in Appalachian Georgia. Trained staff members visit low-income families weekly to identify needs for employment, health services, food stamps and education. The staff demonstrates methods that the parents themselves can use to enhance their children's full development.

Recognizing the need to provide guidance to caregivers in day care, family day care and outreach programs, the state has developed various training programs. Initially, colleges in the Appalachian Region were placed under contract to provide child development training. Floyd Junior College, Berry College, Reinhardt College, Dalton Junior College, Gainesville Junior College and West Georgia College developed courses in child development to provide quality training. Presently, Title XX of the Social Security Act is funding a variation of this program that assures continued training to the Title XX day care staff.

Under the Appalachian demonstration kindergarten program, seven school districts designed programs to provide comprehensive services to children and their families. Each program has been jointly developed by parents and school staff, with parents actively involved in decision making. This program permits an additional 400 children to attend public kindergarten.

The importance of grass-roots involvement and community support are recognized at all levels as factors in the success and longevity of child development projects. At the state level of planning and program development, the Governor's Office of Planning and Budget is assisted by the Appalachian health and child development unit in determining the appropriateness of proposed projects for Appalachian communities. The unit, located in the office of the commissioner of human resources, monitors federal monies channeled by the Appalachian Regional Commission into the community. The development unit also works closely with LDDs, providing technical assistance in program development, budget matters and compliance with the Appalachian Regional Commission Code.

State-level planning and programming efforts for Georgia's Appalchian children also gains a grass-roots perspective through an Appalachian advisory council for child development. This advisory council assesses the need for child development services in Georgia's Appalachian area and reviews data supplied by on-going projects. Organized two years ago on an ad hoc basis, the council has been concerned with discussing, reviewing and formalizing recommendations for child development services and with related legislative measures. For professionals working in child development, concerned citizens and consumers, the council provides a forum for the exchange of information, data, ideas and proposals concerning the children and families of Appalachian Georgia.

At the district level, planning and programming is conducted by the area's five LDDs, the recognized planning groups authorized to develop and implement services.

At both the LDD and the state level, the advisory councils are the primary mechanism fostering citizen participation. The councils have been organized to comply with Appalachian Regional Commission requirements. They provide the channels through which citizens can introduce program ideas and provide comment on the planning and implementation of projects.

Advisory councils of ARC-funded child development projects have been commended for their high level of participation and interest in their responsibilities. The child protective services project in Rome, for example, works closely with its project advisory council. The council has been involved from the outset in the definition and achievement of project goals. Through the project coordinator, the council has been active in formulating objectives, goals and activities for the second year of funding. Frequently council members have been asked to serve as a liaison between project personnel and the community at large. Planning and program development for Georgia's 35 Appalachian counties is augmented by the citizen and consumer influence of the advisory councils.

The broadly based nature of planning and community involvement has enabled ARC projects to obtain funding from a variety of community sources. Local funding

may be obtained from tax assessments, revenue sharing, private and business donations, fund raising and inkind contributions such as facilities, equipment, personnel and training. Easter Seals, Save the Children Foundation, school systems, vocational/technical schools, state and private colleges, health centers, psychoeducational agencies and local cooperative education service agencies (CESAs) all are active in partnership with the Appalachian Regional Commission projects.

The Lumpkin County-Dahlonega Learning Tree Day Care Center is one example of a multifunded program. This child development center serves 60 children from six months to six years of age with an annual per child cost of $2,359 and a total budget of $141,582. There are five other funding sources besides the Appalachian Regional Commission—Title XX, the U.S. Department of Agriculture, parents' fees and county and city fund raising.

This allows three Title XX-eligible children the opportunity of attending the same high-quality program offered to every two Appalachian Regional Commission children and provides an enrollment that reflects an economic cross-section of this mountain community.

The children, of course, are the primary beneficiaries of all of the components of the state plan. For example, over 450 five-year-olds in seven school districts attend a comprehensive kindergarten with a social service and parent involvement orientation. This program also attempts to lower the first-grade failure rate, which currently ranges from 6 to 13 percent in the affected school districts.

Participation in the day care and outreach programs has affected positively the developmental level of those children who initially lacked appropriate cognitive, social and emotional skills. In the communicative disorders program, approximately 23 percent of the children screened need speech or hearing therapy. Once identified, the children receive the necessary therapy and support from community resources.

All children participating in child development receive physicals, immunization and screenings either through the county health departments or from physicians. Medical treatment is arranged for children by project staff.

Projected Child Development Benefits

Georgians foresee many benefits accruing from child development programs. Day care centers will enable more parents to find jobs and an increase in social health service programs will create job opportunities. These services will help alleviate hearing and speech disorders, dental pathology and the increase of teenage pregnancies. Child development programs will produce a generation of healthier and better educated children.

Families benefit by having healthier and better educated children. But they also can benefit when an additional parent can be employed because their children can be placed in a day care center. In a time when more and more women are securing employment, this opportunity is often crucial to a family's finances. Home visitors who carry caseloads of between 15 and 20 families in isolated areas also work intensely in developing self-confidence in parents and improving home sanitation and nutrition.

The very foundation of the new generation of Georgians is the family unit. No structure in our society is more important in inculcating values and assuring that these values pass from one generation to the next. This fundamental societal structure has gone through numerous transitions in a relatively short time span. At the turn of the century children were a part of the extended family in which numerous role models were available in parents, grandparents, aunts and uncles. Children were given immeasurable amounts of attention

and caring. In less than 70 years we have seen the extended family disappear and the emergence of the nuclear family in which the number of children is reduced to less than two. During this transition there also has been an acceleration of social and geographic mobility. Today, 25 percent of American families move annually. The result of this mobility is rapid social change involving the movement of large numbers of people from rural to urban societies. Rising expectations are manifest in the acquisition of goods and materials. Nonetheless, a major challenge facing the educational system in preparing the next generation is that of helping disadvantaged children to develop a realistic self-image. Our society is making ever-increasing demands for services. The economy will tend to become more and more involved in supplying services. To be responsive, educators must cease thinking totally in terms of production-centered activities and recognize that increasing numbers of their charges will find themselves in service-oriented activities.

With the social and technological changes that have occurred in recent years has come an epidemic of teenage pregnancies. Fully 24 percent of all births in Georgia last year were to teenagers. These young women are apt to be poorly prepared physically, emotionally, socially and financially for parenting. Recognizing this problem, the Georgia Department of Education and the Georgia Department of Human Resources have mounted a joint effort to identify the complex causes of these unwanted pregnancies and to develop strategies to prevent them. The major goal is to educate these young women and to develop community support structures that will help postpone pregnancy until a more suitable age. The department of human resources has established 19 councils which include representation from physical and mental health agencies, from the private medical sector and from voluntary organizations to help local school systems develop new approaches to this difficult social problem.

A new generation of Georgians should not experience the dental pathology which has plagued past generations. Fifty percent of Georgia's citizens over the age of 50 require full dentures. It is imperative that we utilize available knowledge and technology to prevent this most prevalent of all health problems. A very cost-effective approach is the fluoridation of water supplies. Funds have been allocated during this administration which will allow for the fluoridation of 90 percent of the municipal water supplies in Appalachian Georgia.

Not all members of the next generation have normal hearing, speech and other sensory capabilities. If left undiagnosed and untreated, these children are apt to demonstrate antisocial behavior, poor academic attainment and frequently require costly care in penal and other institutions. If diagnosed or treated early, these conditions can be minimized. This has been amply demonstrated in one of the Appalchian projects funded during this administration.

Developing programs to meet the child's health, social ability, nutritional, cognition, emotional and education needs also has created jobs that meet the parents' need for work. Day care programs require directors, teachers, teacher aides, cooks and social service workers trained in early childhood development, nutrition, counseling community development and management. Appalachian Regional Commission programs have given jobs to speech pathologists, speech therapists, physician extenders, nurse practitioners and nutritionists. Colleges and universities in the Appalachian area have developed courses to meet these training needs. Many colleges and vocational-technical schools now offer courses in early childhood development and early childhood education.

Other jobs created by the Appalachian Regional Commission programs are in planning, administration and community development. In each of the five local development districts in Appalachian Georgia there is a human resource planner who assists communities in health and child development programs. The Save the Children Foundation provided training to five residents of rural areas in community development and resource mobilization. These persons have assisted local nonprofit boards to secure funds from foundations, industry and state and local governments for services to children and families. And numerous administrative positions have been created to oversee the funded programs.

Georgia now has 26 active child development and child health programs in the 35 Appalachian counties. In 1977 only two other states used more Appalachian Regional Commission dollars for child development than Georgia. Nearly one-fifth of all ARC child development money went to Georgia.

Berry College Infant Toddler Center

Berry College in Rome is a small private college which has sponsored training and a child development center in the past with ARC funding. Since the fall of 1977, the College has operated an infant toddler program to train annually 120 child care providers, 50 expectant parents and 50 parents. Approximately ten children from three months to two years of age participate weekly in the center for teaching and demonstration purposes.

The project came about in response to a short supply of adequately trained caregivers for this important age group. In the area served, nearly one-quarter of the children are born to women under 18 and medical authorities estimate that one out of ten newborns does not receive adequate attention. The center uses videotape, a resource library and the combined experiences of the staff to educate and train parents and staff members.

Through this program, toddlers of this northwest Georgia ten-county area receive the love, attention, sensory stimulation and exploratory opportunities that they

need to become better functioning adults. Berry College will be hosting an infant and toddler conference December 7-8, of this year to examine issues and problems in providing care to infants and to review the latest research relating to licensing standards, parenting and health of toddlers.

Georgia Mountains Family Day Care Association

The Georgia mountains family day care association serves the twelve counties within the Georgia Mountains LDD and provides the organizational framework for family caregivers in the area. The association also works to improve the quality of care provided in family day care homes. Since the beginning of the project in June 1976, association membership has increased steadily from 36 to the current level of 105 associates, representing ten of the twelve counties. By June 1979 projected membership is expected to be 150, with representation from all counties.

The low visibility of family day care in Georgia limits caregivers in their ability to inform the community of their services. Both the lack of licensing in Georgia and low community recognition contribute the limited organizational structure of family home service delivery in the state. The association provides the vehicle through which these inadequacies can be overcome.

The association also provides practical services. It makes available training to child care workers and parents on a county-by-county basis. It finds family day care homes for parents who work hours other than from 8 a.m. to 5 p.m.. In effect the association serves as an advocacy unit for family day care providers and is helping to maximize opportunities for both children and providers.

Child Protective Services Coordination Project

The child protective services coordination project is funded through a grant provided by the Appalachian Regional Commission. It affects the lives of some 500 persons in the northwest and northeast portions of the state. Through training and an improved reporting system, it is anticipated that many families with abused and neglected children whose troubles had gone unreported will now be able to receive attention. County councils on child abuse and neglect are to be formed to align community agencies and citizens. The councils are to be the basis of a communitywide approach to a problem that is community-based. The project is to include the organization of a resource library and the introduction of a community education and awareness campaign to heighten public consciousness of child mistreatment.

There are implications for statewide implementation. Through the assistance of the Appalachian Regional Commission, this demonstration may prove to be the forerunner of a more effective reporting system and training program to improve services to abused and neglected children and their families across the state.

Comprehensive Maternal and Infant Health

The northwest Georgia health district, comprised of six counties, has a comprehensive maternal and infant care project. The project provides medical intervention for women in their child bearing years and for young children, especially among the 10 percent of the population designated as medically indigent. The project is identifying shortages of services for maternal and infant health care and is seeking to meet needs for both primary health care and preventive medicine.

The target is to reduce infant mortality to 12 deaths per 1,000 live births, to reduce the rate of premature births to 60 per 1,000 and to provide prenatal care to 80 indigent women in the area.

The project recognizes the importance of genetic studies and counseling in cases where the birth of children with developmental delays and handicapping conditions can be prevented by reducing or eliminating conceptions involving mutant genes. Funds have been allocated to reduce or prevent teenage pregnancies through schoolwide counseling efforts. The reduction in

teenage pregnancies will result in a decline in birth defects and handicapping conditions. This ARC-funded project is serving about 300 women and children each month.

Preschool Learning Disabilities Project

Brenau College in Gainsville presently receives two grants from the Appalachian Regional Commission. The first is to fund an infant development center which provides day care to 22 children aged six months to three years. The project focuses both on assessing a child's developmental level through observation and standardized tests and on stimulating a child's physical, cognitive, social and emotional growth. Research has been conducted in the development of empathy and cooperative play in the social and emotional adjustment of infants and toddlers to a day care setting and in sex-role strategies in the toy preferences of young children.

The second grant is to fund a preschool project for research to detect learning disabilities in young children. A three-part test battery is in the process of being prepared and validated. The tests, administered in a mobile medical laboratory, measure the child's heart rate, brain activity and muscle tension. Intelligence tests and a teacher's rating scale are included.

Demonstration Kindergarten Program

The Appalachian demonstration kindergarten project provides children with medical, dental, nutritional and educational services. In addition the program refers parents to appropriate resources and involves parents in the formal education of their children. It is jointly planned and evaluated by parents, community representatives and the school district staff.

The objective is a change in the high rate of first grade failure in rural Appalachia. The department of human resources assisted seven school districts in the development of a program that meets children's physical, cognitive, social and emotional needs. Pretests are given to determine readiness and post testing is given to assess progress.

Parents of the rural community serve as members of local advisory committees to advise school officials on program needs. Continuous parent education programs have been conducted in health, nutrition, child development and other topics in which the parents have expressed interest.

During the last school year 405 children participated. Of these, 88 percent received immunizations, all children were screened for vision and hearing problems and 91 percent received dental screening. More than half the children needed referral for treatment and 84 percent of those referred have received treatment. The children received one-third of their daily nutrients through lunches and snacks funded through the U.S. Department of Agriculture.

The kindergarten program staff has continued the process of developing the program model and its evaluation system. Preliminary work has been initiated to develop a comprehensive evaluation of the health, eduation, parent involvement and social services components of the program. Technical assistance has been obtained from the Institute of Community and Area Development in designing evaluation tools in a portion of the interviewing, in the training of volunteer interviewers and in asisting the staff in analyzing and interpreting the data. The evaluation is designed to measure in each of the seven school districts the program's impact on the children, on their families, on school officials and on policy. The data analysis should be completed by December 1. The results of the evaluation now under way will be used to demonstrate this program's value as a model for the statewide kindergarten program.

24-Hour Emergency Services Project

In March 1978, 24-hour emergency protective service for children and their families was implemented in four areas of Georgia with federal child abuse funds. A total of twelve county departments of family and children's services were selected to demonstrate the proposal. The counties are Chatham, Bibb, Twiggs and Jones, Richmond and Columbia, and Ware, Atkinson, Coffee, Clinch, Brantley and Pierce. Each site has been provided with an additional caseworker to allow after-hours coverage. The project provides for one emergency services coordinator whose responsibility is to assist the counties in implementing the program and to provide training.

The aim will be to demonstrate the need for 24-hour availability of protective services in selected counties, with prompt community response to threatened children. More effective resolution of family crises should occur through immediate social service intervention. Fewer children may be placed in emergency foster care and have to suffer the trauma of separation from parents. Each project will be responsible for establishing a child protection council consisting of agency and community representatives. The council will meet on a regular basis to promote a strong community response.

Foster Care Recruitment

Three foster family programs of the department of human resources are presently coordinating their recruitment efforts in the McIntosh Trail area of Georgia, a subregion of seven counties. These programs offer an alternative to the institutionalization of children and adults who are mentally retarded, physically handicapped, emotionally impaired or have behavior disorders.

The specialized foster care project of the state department of family and children services, the community residential service of the division of mental retardation, and the supportive living program of the division of mental health are combining efforts to recruit home providers. Three recruiters use the news media, radio spots, speeches before civic and church groups, poster campaigns, contacts with other agencies and community

coffees. The coordination of efforts has proven to be a successful approach to foster care recruitment.

Operation Catch Up

Georgia's mandatory immunization law was passed in 1968, requiring all children upon entering the first grade to obtain minimum immunizations shots. Even at this date, Georgia still estimates that 47 percent of the state's nearly 1,713,000 preschool and school-age children are unprotected. Governor Busbee has designated October 1977 to October 1978 as a catch-up period. The goal is to bring the Georgia immunization level up to the 80 percent mark.

Gifted Program for Preschoolers

A needs assessment conducted by the Georgia Department of Education in March 1977 recommended that Polk school district be given high priority in program development for gifted children. A program for grades three through five began in September 1978 and will be expanded to grades two through six in 1979.

The aim is to have special classes for all gifted students in grades kindergarten through eight by the fall of 1981. Neither Polk County nor the state has had a program for preschool gifted children.

The Polk County program for gifted preschoolers is funded by the Appalachian Regional Commission. It is designed to be a model program for the state. It will serve approximately 50 preschoolers four and five years old and provide the following experiences: developing skills in language, science and math readiness concepts; assistance in accepting and coping with responsibilities of exceptional intellect; development of interpersonal social skills; and opportunities for problem solving. The program also will provide social, nutritional and health services. A coordinator will be available to encourage parent involvement by means of home visits. Through conferences, parents will be assisted in learning how to foster their children's development. The results of this project may be used to assist other school districts in developing similar programs for preschoolers.

Outdoor Therapeutic Program

The Camp Appalachian Wilderness outdoor therapeutic program for emotionally disturbed youth is an excellent example of interagency cooperation in Georgia. The program combines the resources and expertise of the state's departments of human and natural resources to provide therapeutic experiences for youth in a wilderness setting. The outdoor therapeutic program brings young people into contact with their peers and with supportive adults in a program designed to help the handicapped find personal identity and direction. Under the primitive conditions of outdoor living, youth get back to the basics. They learn to identify their own needs and must then determine how to meet them by using their own creativity and imagination. Learning to be self-reliant in the wilderness requires both individual initiative and group cooperation. Such experience builds self-

esteem and confidence and leads to the development of realistic and positive attitudes toward living.

The outdoor therapeutic program is fortunate in having a staff of dedicated professionals. Requirements vary for different positions, but all require a combination of education, professional training and experience in mental health or social services. The staff is carefully picked as the program requires expertise in a combination of camp skills, experience in working with youth and professional training. The staff is certified in first-aid skills, canoeing, light mountain rescue techniques and life saving and water safety instruction. The staff also is trained in group work techniques and other mental health treatment approaches. The training includes a ten-day intensive session which takes place before assignment to the camp.

The wilderness setting is ideal for working with troubled children and adolescents. Here they do not have to deal with the barrage of stimuli experienced in the complex society of today. Instead, fears and pressures are eliminated and a child can focus on himself. The ability to meet one's needs is a function of personal creativity and a willingness to assume responsibility. Challenges experienced by the youth in the outdoor setting are reality-oriented and therefore have significance for the children. The primitive setting allows each youth opportunities to be successful in meeting assignments. This is reinforced by support from counselors and peers.

Through the 24-hour contact with counselors, a consistent relationship can develop between the youth and his counselor. The counselors provide role models as they work and play beside the youths in every situation, with many opportunities to demonstrate how to cope with problems and how to relate to others.

Each child has a written treatment plan and specific goals are developed by the counselor, the child, the family and the social work staff. These goals are evaluated weekly in camp and monthly in meetings with family, child and camp staff. Home visits are scheduled once a month. New goals are written before each home visit and evaluated by parents and staff on the child's return. The goal of the outdoor therapeutic program is to return these children to home and community with the ability to function at an improved level.

The length of stay varied depending on the needs of a particular child but it is usually from six to twelve months. A camper goes through four basic stages or seasons, as they are called at camp. Each season has accompanying privileges and responsibilities.

When a camper enters the program, he is said to be in winter. This is a cold, empty stage without much trust and is a time of testing. Spring is the second or awakening stage, when a camper sees that his peers and counselors care about him and begins to respond. Summer is a time of working hard on problems and goals, having fun with new friends and developing relationships. Fall is a time of beauty. It is the final stage in the development of the camper. He displays his new colors and prepares for the transition back to home and community.

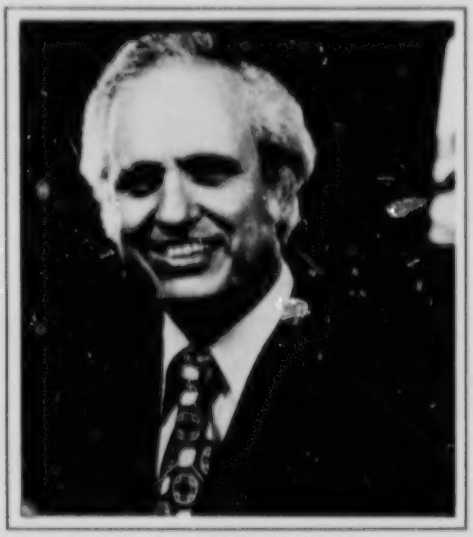
Supervised by counselors and within the limits of safety, the group makes its own decisions. The camp becomes a 24-hour controlled environment without causing a sense of institutionalization. In a camp setting, control can be maintained without the child feeling a loss of freedom. If the child is given the opportunity to enter the camp voluntarily, he will have added incentive to make a good adjustment. Every effort is made from the beginning to maintain a favorable environment. Every effort is made to avoid having the child enter with a hostile feeling that he has been made to come.

The educational process at the outdoor therapeutic camp is based on a curriculum that requires the daily use of academic skills in a noncompetitive manner. For example, by constructing simple pine-pole structures, campers learn to use basic skills in reading, math, elementary drafting and engineering. Science, social studies, health and safety concepts are woven into all aspects of the program. Discovery in the woods is exciting. Much more is learned about nature by direct experience than by looking at pictures in a book. A close relationship is established and maintained both with the local school system and with the school in which the child was previously enrolled.

The camp program is designed to serve 50 children. The program provides long-term treatment at a cost of $28 a day per child, substantially less than mental health inpatient treatment costs in more traditional settings in Georgia.

The outdoor therapeutic program was developed by an interagency task force in which ideas from mental health, recreation, education and other disciplines were combined. The program attempts to maximize the state's resources and capabilities in dealing with disturbed children and adolescents. Referrals come from schools, the juvenile courts, mental health centers and hospitals and other programs involved with troubled youth. The program thus cuts across traditional service boundaries in providing innovative treatment for Georgia's emotionally disturbed youth.

Kentucky



Governor Julian M. Carroll

For years I have been convinced that we needed to develop a comprehensive state policy on early childhood development. As we strengthened the educational system in Kentucky, we had to keep in mind the importance of those early preschool years. For the need to give attention to those early years is greater today than ever.

If we want our children to be healthier, happier—to more fully realize their potential as human beings—we must put more effort into strengthening the family and less in trying to replace it. In addition to preparing our students in secondary schools for parenthood, we needed a coordinated program for educating our adults who are out of school. There are many facilities and resources, both public and private, that can be used. Materials can be distributed through doctors' offices, through clinics, through hospitals and through comprehensive care centers, schools and libraries, just to mention a few.

We already had available in the state most if not all the resources needed to carry on a comprehensive early childhood development program. What was lacking was a coherent plan that could marshall those resources toward an agreed-upon job to be done. One of the objectives of our administration has been the development and implementation of such a plan. We are all agreed on the importance of early childhood development. We must now continue to attack our problems.

A Report on Children

Governor Carroll's definition of the need for a state policy and a plan for early childhood development programs has brought Kentucky several steps closer to the establishment of a comprehensive plan and the delivery of better coordinated services. The 1976 General Assembly directed the state's legislative research commission to prepare a report on the needs of Kentucky's children up to age eight.

The report declared that "the most crucial aspect of effective delivery of services to young children is the establishment of a permanent mechanism to coordinate services delivery and to implement a comprehensive state plan for child development." The report endorsed a proposal submitted to the Appalachian Regional Commission (ARC) to design a comprehensive statewide plan. The proposal has since been funded.

The research commission report also recommended that more day care arrangements be made available at costs within the reach of those in need of the service. It urged the creation of an integrated, coordinated and centralized data collection system. It proposed that information on parenthood and child development be included in appropriate text books at all levels of the elementary and secondary school curriculum.

The report recommended full funding of preschool programs for all handicapped children and full funding of public school kindergarten by 1980. Kindergarten classes would be mandatory; enrollment would be optional. Programs to identify exceptional children would be expanded to include the preschool age levels, with appropriate referral and follow-up procedures.

The report proposed expanding prenatal care to all of the state's 120 local health departments. It called for the creation of regional health centers to make specialized care available to more infants and children. And the report propsed an intensive public information campaign to make Kentuckians more aware of the causes of child abuse and its prevention.

Conferences on Children

The report thus reflected many of the earlier findings of a 1975 joint conference on children. It sharpened the awareness that coordination of children's services in Kentucky was a necessity and that its lack was a major problem. It showed that providers of children's services and other children's service professionals had little awareness of the work of others outside their own domain. Many organizations existed for the promotion of narrowly defined concerns for young children, and organizations with parallel interests and concerns were frequently unaware of other groups with similar aims. Moreover, the need for coordination of planning and services delivery had become even more critical in a time of dwindling resources.

Another conference on Kentucky's children was held in Lexington in December 1977, culminating 16 months of coordinated effort on the part of 75 groups and individuals. It was attended by 1,800 participants. The conference had three basic goals:

- to identify individuals who are concerned about children in Kentucky
- to identify child-related issues around which people and organizations need to unite
- to present seminars and workshops dealing with these issues.

The conference led to the appointment of a follow-up committee to publish a newsletter and a directory of organizations and to monitor the child development work of the 1978 General Assembly. Plans were initiated for another major conference in the fall of 1979.

In July 1978 with funding from ARC and Kentucky, the work of the interagency child development task force began. The task force is to develop a master plan for early childhood programs, including staffing and funding across the state. It will develop and propose a mechanism for coordinating state and federal funds for early childhood programs. It will analyze and make recommendations about state and federally funded programs for the training of early childhood professionals and about ways to stimulate the development of in-service programs for early childhood personnel. It is to recommend a process for coordinating systems of early diagnosis and treatment of children's needs. It will develop a mechanism for parental involvement in the delivery of services to their children and provide a parent education system. And it will make recommendations regarding state standards for private early childhood programs, particularly franchised programs.

The task force has been carefully designed to have the capacity to achieve two distinct results: to identify and develop solutions to problems on a continuing basis, and to develop a plan with immediate and long-range strategies for implementation.

The task force includes representation from the Kentucky Department for Human Resources Bureaus, the institute for children, the Kentucky Department of Education, Kentucky area development districts, the development cabinet, urban and rural day care providers, health care providers, Head Start personnel and private citizens. Members were chosen on the basis both of their knowledge of the subject area and their ability to influence decision making within their respective organizations.

The staffing of the task force also ensures involvement and an effective information flow among the various bureaus and departments. The task force is housed in the office of policy and budget within the Office of the Secretary of Human Resources. Staff planners, under the joint direction of the task force executive director and the respective bureaus and departments, will be located in the bureau for health services, the bureau for social services and the department of education.

To date the task force has organized its inquiry into four groups: health, economic/environment, education/social and facilitation/training. The focus is to be on planning and on preventive services.

The task force will study existing and needed services and examine questions of coordination and administration. An effort will be made to identify and develop methods for overcoming barriers, with an emphasis on solutions that do not require new delivery systems or large new investments.

A part of the Kentucky Department for Human Resources citizens advisory network is an institute for children. The institute was established in July 1974 and is linked to the department's other advisory councils—the institute for aging, the citizens commission for human resources and the citizens' councils. All were established to advise the department for human resources' four bureaus—health services, manpower services, social insurance and social services.

The institute for children has eleven citizen members and is staffed by the department's office for communication and council affairs, a part of the secretary's office. It identifies the special needs of children and adolescents and advises the secretary for human resources and other state officials on policy matters relating to those needs and to the development and delivery of services to children. Within the institute three task groups have been formed—on children with emotional problems, on early childhood development and on early detection.

The institute organized three delegate assemblies, each involving 100 delegates, who worked from November 1975 to March 1977 to develop a plan of action. Their report deals with prevention, early detection, educational intervention, treatment alternatives, special needs of the multiply-handicapped, special needs of juvenile delinquents and status offenders with emotional problems, and with program planning.

The institute developed and distributed *Profile on Kentucky's Children*, a report providing data on children's needs and services in each district.

A two-day child development seminar was sponsored to help design a statewide plan for early childhood development. The institute is also monitoring the work of interagency child development task force.

The institute works closely with department for human resources personnel involved in services to children and makes suggestions on budget priorities and legislation relating to children and youth.

Public School Kindergarten

The 1978 legislature approved legislation to dramatically expand the public school kindergarten program in Kentucky during the current biennium. In 1978-79, 800 units are operating, serving approximately 40,000 children. According to projections for the 1979-80 school year, 1,240 units will serve 62,000 children—all Kentucky children eligible for kindergarten.

Kentucky individualized kindergartens (KIK) is a program offered through the Kentucky Department of Education's bureau for exceptional children and bureau of instruction and is designed for children in public school kindergartens. The program will provide training for kindergarten teachers, functional assessment of public school kindergarten children and data for future program planning and the development of individualized education programs.

The process will be especially useful in identifying and creating programs for children with handicaps. Special emphasis is on enhancing the level of parental involvement in the planning and learning processes. One hundred and one districts participated in the initial training for this pilot project.

Kentucky's recent planning effort for its future generations has led to the improvement of existing programs and given promise of providing new direction in the future. Through this effort, Kentucky's child development program has achieved a new clarity of goals within more efficient and comprehensive systems and has brought about a fusion of the resources and talents available.

Maryland

Acting Governor Blair Lee III

Children are our most important resource. They are the key to Appalachian Maryland's growth and prosperity. The economic vitality of Garrett, Allegany and Washington Counties depends in great measure on the health and educational environment we offer their children. Maryland's policy of balanced investment in economic and human development was drawn to meet this measure.

The Appalachian Regional Commission's (ARC) investment program has devoted one-half of its funded investments during the past five years to health, child development and educational projects. In Maryland, a significant portion of these funds has been earmarked for the development of new delivery systems and the strengthening of existing systems throughout the state's Appalachian region.

The emphasis of this program has been on health, education and day care services for children. Examples include preventive health services for preschool children in Garrett County, a school health education program for Appalachian Maryland and the Appalachian child development day care program.

I am proud of Maryland's commitment to this program and of the continuing efforts of state and local organizations to identify and remedy many of the problems confronting our children. I also want to commend the ARC State's Cochairman, Governor James B. Hunt, Jr. of North Carolina, for his leadership in bringing these problems into clear focus.

Day Care Program

The Maryland Department of Human Resources, with funding from the Appalachian Regional Commission (ARC), maintains an ongoing system of comprehensive day care and child development services to children from birth to age six in Appalachian Maryland.

The child development program has been subcontracted to local private nonprofit corporations. These are the Garrett County Community College, the Washington County Board of Education and the Allegany County Department of Human Resources.

The goals of Maryland's child development project are to develop the young children of Appalachian Maryland, to assist them in becoming mature persons according to their potential and to enhance the quality of family life. By providing parent education in nutrition, home management, homemaking and arts and crafts we hope to enable parents to become more effective and to develop self-confidence. In coordinating the efforts of all human service agencies, we act as an advocate for the children and families enrolled in the child development program.

To date 2,370 Appalachian children in Maryland have been served by this program. Experience with the system indicates that it has successfully involved parents in the education and development of their children. It has demonstrated that maximum use of existing resources can be achieved by coordinating local and regional agencies, organizations and individuals. Gaps in existing services and resources can be identified and remedied.

Regional School Health Curriculum Program

Every fifth-, sixth- and seventh-grade student in the public schools of Appalachian Maryland is receiving a special nine-to-twelve week health education program at some time during each school year. This program teaches each student about the body systems—the lung and respiratory, heart and circulatory, and brain and nervous systems—and the effects of the ingestion of food, foreign substances, smoke and drugs.

The fourth-grade phase—energy and the digestive system—is currently in the implementation stage. The fourth-grade program is designed to provide the students with knowledge of the digestive system and manner in which the system provides bodily energy. With this information, the students will be better prepared to make decisions regarding their health practices. This phase of the program is a natural prelude to the fifth-, sixth- and seventh-grade programs. Each uses films, tapes and models. Materials such as microscopes and slides are also used by teachers and students. The program provides a supplement in areas such as

vocabulary, science, reading, writing and oral expression. The program involves as resource people rescue squads, public safety personnel, parents, school health nurses, doctors and other community leaders.

This is a nationally acclaimed health education program that has proven effective in reaching every child in the classroom. Over 13,000 Appalachian Maryland children have participated. All three Appalachian counties in western Maryland have this important program, made possible by a series of grants under Section 202 of the Appalachian Regional Development Act. The Maryland regional medical program has provided supplemental assistance.

Preventive Health Services for Preschool Children

The project for preventive health services for preschool children encompasses seven service areas. They include fertility-related services, prenatal care, birth and parenting services, child health services, diagnostic assessment and treatment services, family counseling and education and administrative services.

By using existing programs the preventive health project has available all the coordinated resources of the health department. An appointment system has been developed in the major service areas which permits continuous monitoring and health maintenance efforts and allows time for the education that is an integral part of prevention. Prenatal and postnatal care and education is coordinated between the project and local hospitals. Cooperative relationships between the public and private sectors are developing, providing care options for both providers and patients.

A development that has improved both the quality and quantity of health care is the greater availability of project staff to provide consultation with other agencies and with providers on both the program and on individual patients. This has allowed the earliest prevention-identification-remediation of both child and family health care problems. More than 8,000 child health, speech therapy, developmental assistance and physical therapy contacts have been made.

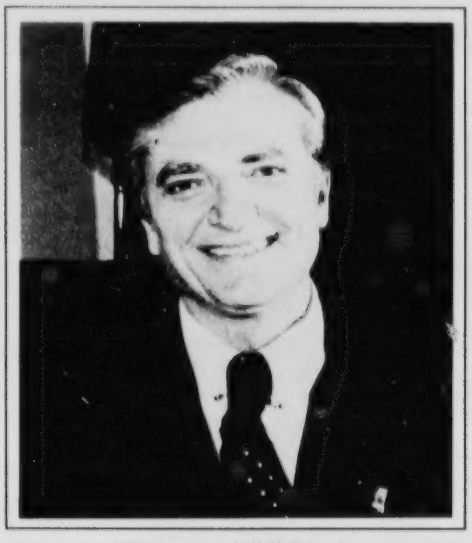
Preventive Health Services Program

The goal of the Garrett County Health Department and this preventive health services program is to bring to each citizen a healthful environment and a high level of physical, mental and social health. These preventive efforts are focused on the family and are applied early in the life of children by meeting the health needs of Garrett County families in the childbearing period.

Women of childbearing age are provided assistance before and during pregnancies and birth to achieve optimum health protection and education related to their fertility. This effort is assisting young persons to delay childbearing until they have had the opportunity to mature sufficiently to assume the resonsibilities of parenthood. It is making available contraception to allow planning and spacing of children. It is increasing the knowledge and use of regular prenatal care early in pregnancy. It is providing the knowledge and assistance that every parent needs to give the unborn child a maximum opportunity for normal development.

Substantial headway has been made during the past three years in the attainment of our goals. Efforts are being made now to secure other sources of funding to permit continuity and stability of the program when ARC funding ends. The avenues being pursued are increased state and local funds, Social Security Act Title XX contracts for obstetrical deliveries and emergency room care provided at the hospital, Title XX contracts with the state administrations of mental health, drug abuse and alcoholism and joining grants of boards of education.

Mississippi



Governor Cliff Finch

I welcome an opportunity to participate in this very worthwhile conference. Even though the Appalachian states are blessed with an abundance of natural resources, such as coal, timber and water, the most important resource is our people. In order to ensure that our future citizens are able to live and enjoy life to the fullest extent possible, we must continue to provide and develop programs to accomplish this end. We have experimented with various programs in the Appalachian Region ranging from the provision of day care services to specialized health care for the high-risk infant.

In Mississippi we have developed a child development program that provides comprehensive services for families with infants and young children. The most significant problem with these programs is that they have served only a small number of the children in the region. These services need to be made available to all of the children of our region and not just a few.

Mississippi has a high incidence of infant mortality, and with assistance from the Appalachian Regional Commission we have begun to reduce this tragic loss. However, we need to continue to find ways to eliminate the infant deaths and childhood disabilities that are robbing our families of happiness and our region of productivity.

In addition to providing services to infants and young children through child development and health programs, we must develop or emphasize programs through our schools that will enable future generations to obtain career training either in a profession requiring a college education or in a trade through our vocational and technical schools. We must see to it that our children obtain the proper instruction so that they have improved reading and mathematical skills.

Each and every person participating in this conference brings some valuable experience in dealing with these problems. I am sure that the conference will give us new and innovative approaches for raising a new generation in Appalachia and the nation as a whole.

In closing, I wish to thank each participant for his or her hard work, dedication and concern for our region and its children and youth.

Gilmore Hospital Perinatal Program

An unusual system to save premature babies that began in a 100-bed hospital in the small Mississippi town of Amory has expanded to serve 21 counties in rural Mississippi and Alabama. It makes use of specialized equipment rarely found in a rural community hospital. It is bringing intensive care for rural mothers and babies close to home and at a reasonable cost. And local physicians and nurses, rather than experts from afar, have cooperated to organize and run the program.

In Amory, the Gilmore Hospital perinatal program—a new health system in rural Mississippi made possible, in part, by an Appalachian Regional Commission grant (ARC)—is setting important trends in health care. To prevent acute problems from arising, physicians and health department nurses in the 21-county area are identifying mothers likely to experience premature deliveries. If a pregnant mother has a condition that could endanger her baby—diabetes, malnutrition or heart disease—her physician recommends a diet and an exercise plan and begins to watch indicators such as blood pressure and blood sugar. To assess serious problems, he may use Gilmore Hospital's fetal heart monitor or ultrasound visualizer. The fetal monitor indicates how well the baby's heart will hold up during birth. The ultrasound visualizer detects abnormalities in the womb, such as a broken placenta. It can also be used to detect twins or to determine the exact age of the fetus.

By providing modern prenatal care, physicians hope to prevent premature births and birth defects. But when prevention fails, physicians are prepared to move quickly to save babies' lives.

When a baby is born in critical condition, any doctor in the region can telephone a special number at Gilmore Hospital. The staff there will dispatch a nurse/physician team to fetch the baby. Volunteers from the local fire department, trained in emergency care, drive the babies to Gilmore's six-bed intensive care unit. The unit has equipment with which it can treat the majority of problems which arise during pregnancy and the first days of a baby's life. Specially trained nurses staff the unit 24 hours a day. They have access to four mechanical ventilators to give oxygen to babies who cannot breathe because their lungs are damaged or immature. They have monitors to record the babies' heartbeats and blood pressure. They have special equipment to treat jaundice.

Last year Gilmore's perinatal staff—three pediatricians, three obstetricians and a perinatal nurse coordinator—treated 68 threatened babies, and 60 babies survived. Patients make the journey to Amory from as far away as Alabama and the Mississippi delta, and no one is turned away because he or she cannot pay.

The few babies who Gilmore Hospital cannot treat—for example, those requiring major pediatric surgery—are flown by helicopter to one of the university medical centers in Memphis, Jackson or Birmingham. In turn, Gilmore receives referrals from these centers—babies who no longer need highly specialized treatment but who still require hospitalization.

Amory is an old railroad town set in the sparsely populated farm country of northeast Mississippi. It is a region where the average per capita income in 1974 ($3,528) was the lowest in Appalachia. Physicians have been scarce. The infant mortality rate is one of the highest in the nation—22.4 infant deaths for every 1,000 live births.

Two years ago, Gilmore Hospital had three beds equipped with oxygen to care for critically ill babies. As doctors in other hospitals heard of the facilities at Gilmore, they began to call for help. The hospital agreed to accept babies on referral whenever there was an empty bed. But it soon became clear that the intensive care unit at Gilmore Hospital could not care for all the babies who needed it.

The intensive care unit was expanded from four to six beds, four of which are equipped with oxygen. And the state health department gave a $40,000 grant for a training program to prepare area hospitals to identify, stabilize and transport babies whose lives were in danger. Doctors from Gilmore Hospital and the Regional Medical Center in Tupelo conduct the program. Four other hospitals in the area have begun duplicating the Gilmore service. Imagine a typical case:

In an emergency, a physician calls from an outlying hospital where a mother is giving birth to a tiny baby months before she is due. The intensive care unit at Gilmore is full. But one of the babies is there only because he is too small to eat on his own. The doctor on the phone is asked to wait half an hour. A call is made to a third hospital in the area to see if it can take the baby who is well but still having difficulty in eating. Its nursery is full too, so a fourth hospital is called. There, the answer is yes. Within a few minutes, the call to the first doctor is returned. "OK," says Gilmore Hospital, "we're going to play musical babies."

The traditional plan for providing rural health service has been to consolidate specialists and facilities to treat the most acutely ill patients at an urban medical center. The Gilmore program takes a new approach. It brings a specific kind of technology—that needed to treat newborn babies—into a rural area where it is sorely needed. By drawing on the resources of doctors in a 21-county region, the program provides reasonably priced perinatal care that is appropriate to the needs of the area's mothers and babies. And it provides a way for physicians native to the area to remain near their homes and develop their medical expertise.

Dr. Wendell Stockton, the Gilmore program director, himself Amory-born, believes that the system is working not only because of the overwhelming need for the program (1,200 babies die each year in Mississippi for lack of adequate pre- and postnatal care), but also because of the cooperation of physicians who are aware of this need and are willing to pool their efforts.

In implementing the program, Gilmore Hospital has struggled to overcome two major obstacles: a shortage of money and a shortage of trained staff. At present Gilmore Hospital is able to admit only four babies at a time to its six-bed unit because its supply of trained nurses is limited. Finding staff members qualified to provide special care to newborn babies is not easy, especially in rural Mississippi. Rather than recruiting trained nurses from outside the Amory area—and who might not choose to stay for long—Gilmore's administrator, Clay McCluskey, decided to select nurses from among the Gilmore staff and send them to the University of Mississippi to study neonatology, the care of infants. He is planning a special program in which nurses who have completed the university course in Jackson will teach other nurses on the job.

The average cost to Gilmore Hospital of treating one infant in the intensive care unit last year was $17,000—three-fifths of the cost of equivalent care in a university hospital. Yet the typical bill of $4,500 is still a lot of money to most of the area's residents. Many of Gilmore's patients are medically uninsured. And many, including mothers with husbands, do not qualify for Medicaid. For those who do qualify, Medicaid will pay a sum equivalent to the cost to the hospital of treating the mother and infant as inpatients for 40 days. If the mother cannot pay or if Medicaid runs out, the hospital absorbs the cost. The collection rate in the unit over the past three years has ranged from 43 to 67 percent.

Gilmore is in a particularly difficult situation because it is a private hospital. As such, it depends on patient revenues for income. It has had to be resourceful in finding ways to support its perinatal program. Dr. Stockton has raised funds by addressing local service clubs and sponsoring benefit horse shows. The local area Jaycettes have agreed to donate for perinatal care 75 percent of the funds that they raise for local hospitals. The March of Dimes has contributed $18,000 to pay the salary of the perinatal nurse coordinator who supervises the Gilmore unit and also aids the training program. Even so, the perinatal program incurred a deficit in 1976—$214,000 out of a total budget of $1.1 million. This amount was made up by a grant from the Appalachian Regional Commission.

One possible source of funds for the project is the Social Security Administration's Title V maternal and child health program. Its funds are given annually to each state in a block amount based on the state's infant mortality and poverty rates. Mississippi has spent most of its funds on the university center in Jackson, but some money may go to Gilmore Hospital.

To deal with the financial problems, Dr. Stockton has organized a state committee on perinatal care. Members of the committee represent 13 organizations, including the state medical, nursing and hospital associations, the bar association, the March of Dimes and the board of health. They will develop a statewide plan for perinatal care and promote legislation to implement it.

Mississippi has programs for children and their families that demonstrate several other types of services, ranging from home-based and family day care to mainstreaming developmentally delayed children in public school classrooms. Programs are in effect in 16 of the state's 20 Appalachian counties under the Governor's Office of Federal-State-Local Programs, supervised by the Mississippi Council on Children.

Clay County's Program for Retarded Children

The Clay County Association for Retarded Children,

Inc., provides services to meet the needs of 35 developmentally disabled preschool children from ages three to six years. Many have been screened and diagnosed as multiply-handicapped, with one or more problems in the areas of speech, deafness, language, emotional immaturity or mental retardation. The program, composed of five components is housed in a large, old house in West Point which was donated and renovated by a local company. The large rooms are skills rooms, providing training in homemaking, dramatic play, music, blocks and language. The hall serves as the large muscle development area. There is a well-equipped outdoor play area.

Weekly lesson plans give teachers an opportunity to make long-range plans for meeting the daily needs of each child served, with changes and additions as individual needs require. A daily schedule provides opportunities for children to participate in language activities, activities involving the use of the senses and in science, self-help, visual/auditory, discrimination and number expression.

Marked changes have been noted in the health of the children. Children who did not take food other than milk from a bottle are now eating. One, a three-year-old weighing 45 pounds upon entering the program, had not eaten solid food because of inability to keep it down. With behavior shaping, parent training, cooperation with the center staff and assistance from professional staff, this child is now able to eat and to speak a few words and participate in some activities.

The program budget does not allow for a nutrition staff to prepare and serve meals. This need is met through a contract with a local day care center. Food is prepared and catered to the program. The U.S. Department of Agriculture reimburses the center.

The parental counseling component seeks to work with parents to help them understand and deal with their children's problems. Parents are made aware of things that they can do to enhance their children's development.

Evaluation and diagnostic services are provided throughout the year. All children must be psychologically screened and certified by the state department of education prior to entrance. A variety of other screenings are used, including the check list for identification of children with learning disabilities, the Illinois test of psycholinguistic ability, the wide range achievement test and the Peabody picture vocabulary test.

A great strength of this program is its community support. It has the active participation of clubs, churches, city and county governments and schools.

Family Education and Day Care Services for Choctaw Children

The Choctaw Tribal Council serves as sponsor of another program that provides home-based child and family education to 45 off-reservation Indian children and their families in three counties in east central Mississippi. Tribal members in the three counties are the most isolated of the Choctaw people, far from the tribe's reservation lands. Because of this isolation, these people receive fewer benefits from tribal service programs than other members of the tribe.

Each of the children served by the program is a member of a family whose annual income falls within federal poverty level guidelines. The families are burdened by substandard housing, extensive problem drinking, unemployment, poor health conditions and many other difficulties. The program provides family planning, prenatal and postnatal care for mothers and

babies, education and counseling in child care for parents, dental and medical services including treatment throughout a child's infant years, systematic cognitive stimulation for infants and toddlers and many other services.

Development stimulation is adopted to the Choctaw culture and language. The program employs an interactive process involving the parent or adult caregiver. Child stimulation is through the use of common household paraphernalia. Parents and other family members are taught by home visitors to use many educational tools and to carry out cognitive stimulation on a daily basis. Home visits are made to each family once or twice a week based on the family's needs. Approximately 40 percent of the home visit is spent on developmental activities. The rest is spent with parents in problem-solving activities and a review of the next activities.

Nutritional activities are considered a part of general child care counseling. Families are given counseling on meal preparation, balancing a diet, the meaning and importance of vitamins, proteins and fats and techniques for making food more interesting and nutritional for children.

Health services are provided through referral to the Indian health service, which covers all medical and dental service without cost.

There is also a Choctaw family day care service, which provides day care for 40 children from age six weeks to six years in a family-type situation. Day care is offered at eight different homes in five areas of the county, serving five children each.

The eight family day care mothers keep the children in their homes from 6:15 a.m. until 6 p.m., with no child remaining more than eight hours. The day care mothers prepare and serve the children breakfast, a mid-morning snack, lunch and a mid-afternoon snack, in addition to carrying out the education component of the program.

Children in these homes work in gardens to grow their own food, watch it grow and then process and eat it. Field trips and family outings are a regular part of the activities. The children receive complete physical examinations on entering the program and are screened once a year. Most of the health services are provided by the local health department and by a physician if treatment is needed.

Child Development Programs

The Lee County child development program is a comprehensive program designed to meet the needs of normal children and children with special problems in an integrated setting. The program serves 54 children, of whom 16 are classified as exceptional.

The center operates from 6:30 a.m. until 5 p.m. A feature of the program is the integration of the two groups of children. The exceptional children attend classes at the rehabilitation center in the mornings. Individual and group therapy is provided for all the children in language disorders class.

The program provides three-quarters of the daily nutritional requirements of the children, with breakfast for those who have not had a morning meal, a mid-morning snack, lunch and an afternoon snack.

One of the largest programs in the ARC region of the state is operated by Combined Community Day Care Services, Inc., which serves 150 preschool children at four centers in three counties. The purpose is to support families and to help them become economically self-sufficient and ultimately to reduce the number receiving financial aid. The services include a ten-and-a-half-hour day care center in a twelve-month program that provides extensive social service. Health screenings are provided. Breakfast, lunch and dinner are served, with incidental nutrition education for both the children and their families.

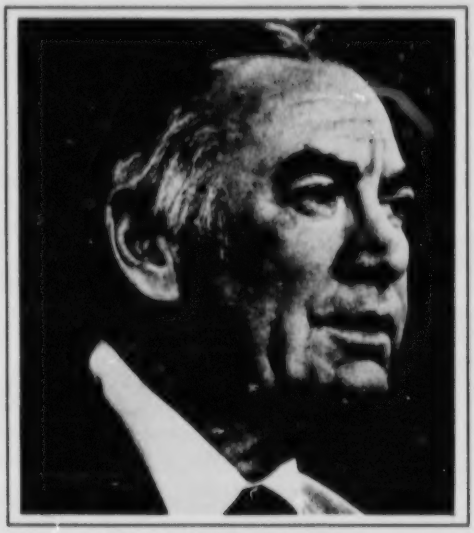
Parents play a major role in determining policy and program operation. They work extensively in the program as volunteers, in fund raising and in child advocacy. This community-controlled program achieves the greatest possible benefit from Appalachian Regional Commission funds by maximizing other local, state and federal resources.

Junior High School Reading Program

Because the pupil literacy deficits of earlier years have advanced into the secondary schools, Mississippi is experimenting in the 1977-78 school year with a special and advanced junior high school level reading program. The program to improve the literacy and general intellectual skills of some 5,400 students in 36 Appalachian Mississippi junior high schools is under a $221,744 Appalachian Regional Commission grant to the Northeast Mississippi Junior College at Booneville.

In grades seven through nine, children selected for the greatest deficiency in reading achievement are being guided by specially trained teachers not only to acquire new skills but also to feel an improved sense of achievement and self-image. At a time when junior high level respondents to a questionnaire are reporting more discipline problems, the program is expected to provide low-achieving, disruptive children with the experience of success.

New York



Governor Hugh L. Carey

Our future depends on the care we give our children now. In New York we are particularly concerned with promoting health, not only in the sense of treating disease but also by preventing social, emotional and educational dysfunction. We have been striving to expand our efforts to ensure that every child has an equal chance of reaching his or her fullest potential.

One way of improving services and ensuring that they reach those most in need is through the effective coordination of programs through the education, health and social services departments at the local and state level. To achieve this end, the New York Council on Children and Families was formed to coordinate community, education, health and social services for children and their families. The council has provided a forum for intensive efforts to address the problems of children in New York.

We are proud of the programs we have been able to establish in the New York Appalachian region. The Appalachian portion of New York has economic and social needs different from those of the rest of the state. Through the use of Appalachian Regional Commission funding, seed money is being used to develop innovative programs that are responsive to community needs. This program development on a community level provides one of the great strengths of the Appalachian program.

As Governor of New York, I am pleased to share with you our experiences with the Appalachian program. Through dialogue, through the sharing of our successes and failures, we will learn from each other so that we can better meet the needs of our children.

Meeting Needs Raises Expectations

New York Appalachia is a diverse physical, political, agricultural and industrial area. The east, which is part of the Catskill Mountains, is characterized by a sparse population, by winding, icy mountain roads and by significant time and distance barriers to obtaining services. The central area is characterized both by mountains and by flood plain. It is an industrial-commercial area. The population is centered in the 75-mile strip between Binghamton and Corning. The three-county western area has winters with heavy, drifting snows from the Great Lakes. There is a lack of regional cohesiveness among relatively small population centers. Much of the section's economic growth is concentrated in the truck farming and industrial areas which border Lake Erie.

The common denominator in the region is distance: it is approximately 400 miles from east to west. The primary transportation system of New York Appalachia is Interstate 81, bisecting the region from north to south, state Route 17 running east to west and a partially completed section of Interstate 88 reaching into the sparsely populated eastern region. There is no effective means of transportation for people who, because of age, youth, poverty or infirmity, do not drive their own cars. Traditionally, these groups have been the constituency of human service agencies. In the brief history of Appalachian child development programs, considerable emphasis has been placed on the development of projects with satellite components designed to bring about a greater accessibility of services.

The region's birth rate has leveled off, except among teenagers of child bearing age, and the number of children under five years of age has declined since 1970. The net outmigration of young adults, however, has ceased. In fact, certain projections suggest that the number of persons aged 20 to 49 will increase by 1980. If these projections are accurate, the region can expect an increase in the number of young children in the near future and a concurrent increase in the demand for child-related programs. The economic implications of this demand are clear: scarce dollars must be managed carefully to produce improvements in services at a price the region can afford. The maintenance and growth of service programs is highly dependent on the region's capacity to create and retain tax-producing jobs. The ability to produce such jobs, however, is equally dependent on the region's ability to offer a quality of life that will encourage economic and social growth.

The importance of child care in enchancing the region's quality of life cannot be overstated. Almost three-quarters of the population served under New York state's Social Security Act Title XX plan are children and their families. The five Title XX services most utilized in 1977 were day care, foster care, child protective services, health-related services and preventive services.

In New York the Appalachian child development program was initiated in 1970 and has been assisting local communities to develop a wide variety of programs to improve the quality of a young child's life within the setting of the family. A comprehensive network of children's services has been established in the 24 counties of New York's Appalachian region. The services have been designed to meet local needs within the context of the Appalachian Regional Commission (ARC) Code. They have drawn dollars from many sources and have introduced new talents, skills and capacities to the region.

Since 1973 the New York Appalachian child development program has been administered by the New York State Department of Social Services. Approximately $9 million in ARC funds have been allocated to 48 child development projects from 1972 through 1977. These funds have generated an additional $5.6 million from other sources, including the U.S. Department of Agriculture, Title XX, CETA, Revenue Sharing, HUD Community Development monies and local fees. Attention has been given during the ARC investment period to nutrition, health care, soundness of child care, migrant child care, psychological well-being, early intervention and detection of physically or mentally handicapping conditions and information and referral activities. Staff training of child care providers and pediatric nurse practitioners also has been emphasized. Sponsoring agencies have included associations for retarded children, community action agencies, local nonprofit child development councils, child care agencies, county departments of health, county departments of social services and boards of cooperative educational services.

The primary objective of the Appalachian child development program is to promote those programs which:

- relate to the economic development of the region and/or promote services in the underserved areas
- meet the perceived needs of the community
- strengthen and extend the capability of the family, not supplant it
- project achievement of full self-sufficiency within the allowable funding cycle
- produce results which can be quantified, evaluated and replicated.

In its approach to the Appalachian investment program, New York has placed its primary focus on economic development programs for the 14-county region that retain existing jobs and develop new ones in the private sector. This has enhanced the self-sufficiency of communities. The original projects were planned in a more affluent time. The downward trend of the economy coupled with the increasing cost of services has precipitated a closer examination of the cost-effectiveness of each program. The dollars spent in Appalachian New York are effective. Approximately 2,000 parents on an annual basis have been able to work or enter job training because of the availability of quality day care services provided by the 21 ARC-funded, licensed day

care centers across the region. In Chenango, Cortland, Cattaraugus and Schuyler Counties, the ARC-funded programs offer the only licensed center-based facilities from which the local department of social services can purchase day care services. The annual investment provides over 300 jobs in child development, early childhood education, psychology, social service and for family day care mothers.

In the health sector, pediatric nurse practitioners have been trained and now serve in the more remote areas, conducting well child clinics and acting as a catalyst to bring about good primary health care to families. Health projects screen and serve approximately 3,200 children annually.

Even before the current national focus on the rapid increase in adolescent pregnancies, Steuben County had responded by developing a local program to serve this population. The successful implementation of the program is now reflected in its duplication by other non-Appalachian counties in New York.

The state is continuing its commitment to utilizing ARC funds as seed money for the development of services by uniting local, state and federal resources in the most effective manner possible. Of the 21 projects which completed their ARC funding cycle in 1977, 16 continued at or near their previous level of operation. Four are continuing with some minor modifications, and two are at a seriously reduced level of operation. This local level funding has also fostered the development of linkages—formal and informal—at all levels of government and between government and private institutions and concerned citizens.

In the attempt to blend a human services development strategy with an economic development strategy in the 14-county region, it is often difficult to decide how to allocate financial resources. Dollars alone are not the final guide in judging the merits of a program. The impact on lives and on the quality of life within the region must be considered. Programs are evaluated on the basis of their contribution to the social and economic ecology of the region. Emphasis is placed on preventive services, both to improve the quality of family life and to mitigate future costs for rehabilitation or institutionalization.

The planning process actively involves members of the local community. One major objective of the ARC program is to raise the capability of local groups to participate effectively in the process. Another goal is to increase the capacity of the local development districts to provide leadership in the conception, priority-setting and implementation of human service programs.

Three Appalachian programs in New York will be presented in what follows. The projects have been chosen because they represent the innovation, citizen participation and overall high quality of the service programs developed for the children and their families in New York Appalachia under the auspices of the Appalachian Regional Commission.

Early Identification and Intervention Programs

Allegany County has developed an interrelated system of three programs which provides early identification and intervention services for preschool children. The programs, initially funded with ARC money, include:

- a comprehensive well child conference—a system of clinics—which provides gneral physical and developmental assessment, immunization and family and child health education to children through the age of six
- a prekindergarten screening program which provides testing and evaluation to identify potential physical, mental or emotional problems
- a comprehensive preschool program for handicapped children which provides both home-based instruction to handicapped children under the age of three and preschool readiness classrooms for three- to five-year-old children who are physically, mentally or emotionally handicapped.

Each of these programs was designed to meet needs identified as priorities for action within the county by the county comprehensive health planning committee.

Allegany County is in a rural and remote area of western New York. Its land area of 1,000 square miles is dotted with about 20 small villages and hamlets. Its total population is about 47,000, of which 3,500 are children under the age of six. Much of the area is woodland and abandoned farmland and is increasingly used as a seasonal recreational area for families from the Rochester and Buffalo metropolitan areas. Distance from urban areas directly affects the quality of life in the region. The county has one of the lowest per capita income levels in the state. The 13 local school districts of the county have a student population of about 12,000 served by 600 teachers and administrators. Isolation, poverty, over-extended professional staff and lack of facilities and services are constraints on each school district in the county. There is also a shortage of practicing physicians and only one pediatrician. Cooperative and shared services among agencies makes the difference between sound educational and health programs and inadequate services or perhaps no programs at all. Before these programs began, it was estimated that in Allegany County fewer than one-third of the infants and children up to age six had received medical assessment or health care on a regular basis.

Until the county held a well child conference in 1973, there was no coordinated or comprehensive public health services for the infant and preschool child. Sponsored by the public health nursing service, an effort was begun to provide early and periodic screening that would identify growth and development problems at an age at which they could be more easily corrected. The program provided a mechanism by which children could enter the medical care system and then be more properly placed in the school system. Specific objectives were:

- to identify and treat physical defects
- to detect and treat developmental lags and any emo-

tional or behavioral problems that could interfere with learning
- to provide information to teachers or school officials to assist them in placement
- to identify children with vision, hearing or speech defects for medical referrals
- to provide immunizations required by New York school entrance standards
- to identify children with nutritional needs to make referrals or to give remedial advice to parents
- to encourage students in medicine, nursing, allied health professions and social work to pursue their careers in Allegany County
- to develop a team approach to child health maintenance.

One of the four well child conferences was established at the public health nursing service office. Three were held in a mobile health unit stationed in outlying areas of the county. The clinics were held monthly and were directed by pediatric nurse practitioners, with physicians available for consultation and referrals. ARC funds were used to train two pediatric nurse practitioners and to buy equipment and supplies. The mobile health unit was partly funded by the Lake Area Regional Medical Program. The unit made it unnecessary to rent office space and provided clinical facilities in areas where there were no physicians.

A fifth conference was opened in the project's second year to meet an increased demand for services, and a sixth conference was opened in 1978. As the program achieved maturity, the mobile unit was phased out and satellite clinics were located throughout the county in village halls, fire stations and churches.

The objectives of the program are being realized. Services include physical assessment and tests, immunization, referrals to medical, dental and other agency sources, and follow-up services such as parental education and counseling. An important benefit of the well child conferences is the ability to identify mothers and children who show evidence of nutritional risk. These people are referred to the Womens' Infants and Childrens Program (WIC) operated by the nursing service, which provides nutritional supplements to those in need.

For four years ARC was the principal source of program funds. At the end of the fourth year, the cost of the program was assumed by the Allegany County Health Department. The program has become an established, expanding service. During the four years of ARC support, a total of 592 infants and children up to the age of six received complete health and developmental assessments. Many of them continue to benefit from the services.

In 1974 the ARC grant for the well child conference was expanded to incorporate a countywide summer prekindergarten screening program for all children entering school the following fall. The potential benefits of such a program had been demonstrated by a pilot project conducted during the summer of 1973 in two Allegany County school districts with funds provided by the Allegany County Mental Health Association. The success of this pilot program in detecting and establishing the educational and health needs of preschool children led to the establishment of the countywide program as a cooperative endeavor of the county health department and the Allegany County Board of Cooperative Educa-

tional Services (BOCES). ARC provided supplementary funding for the screening program until 1978, when full financial responsibility was assumed by the local school districts in cooperation with BOCES, which continues to coordinate the program.

A prekindergarten clinic is conducted in each of the local school districts during July or August by an assessment team consisting of the local school nurse, a public health nurse, a school psychologist, a speech therapist, the local kindergarten teacher and, if necessary, an educational clinician. The assessments include physical, psychological, social and intellectual evaluations, together with observations of fine and gross motor activities and tests for each child entering kindergarten. Parents are encouraged to send their children to kindergarten and asked to follow their children's progress closely. Few nursery school programs and no Head Start programs are available in this county. Follow-up is provided by the learning diagnostic center staff.

Out of a total of 2,880 prekindergarten children eligible to be screened from 1974 to 1977, 2,642 children or 92 percent participated. An additional 40 younger children also were screened.

The program provided a needed service to the children of Allegany County. It demonstrated the need for intervention programs to remediate the problems being identified. In 1976 two new programs were created: a home-based educational program for children aged three and under; and a classroom readiness program for three-to-five year olds with emotional, mental or physical handicaps. These were established by the Allegany County BOCES and funded jointly by Title VI-B, local school district monies and ARC.

The home-based program is staffed by a social worker coordinator, a school psychologist, a speech therapist and a special education teacher. The children are referred by local school district committees on the handicapped. An individualized instructional program is planned for each child by his parents and the teaching team. The home teacher prescribes activities in the areas of infant stimulation, socialization, self-help, cognition, motor skills and language. Once an activity has been chosen, the teacher models it for the parent, who then becomes his child's teacher. Home visits and follow-up conferences are scheduled at regular intervals to assess each child's development.

The preschool classrooms service those handicapped children who are able to benefit from group instruction. They are staffed by two special education teachers, two teacher's aides, a speech therapist and a school psychologist. The program is coordinated by the director and by a helping teacher who works with health and social services agencies. One objective is to involve parents of the children in the program to promote the continuity of learning between the school and home. In addition children and their parents receive counseling services if necessary. Appropriate literature and suggested home readiness activities are provided. Monthly parent meetings are held.

Each child in the preschool classroom program receives ongoing assessment and evaluation. Screening devices are used to identify strengths and weaknesses. Behavior is observed in the areas of gross and fine motor skills, concepts and communication. From this information, an individual curriculum is planned, placing heavy emphasis on language development, self-care, social skills, emotional growth, communication and motor skill development.

The preschool children receive daily speech and language lessons either on an individual basis or in small groups working with the speech therapist. Receptive and expressive language skills are stressed. Puppets are used for oral language development. This portion of the program strengthens the child's ability to communicate effectively without experiencing the frustration of an inability to verbalize his needs and wants. The curriculum also includes audio-visual and self-teaching correcting techniques. Activities range from beginning awareness of self, to number concepts, to making comparisons.

During the program's first two years of operation, 22 children under the age of three and 59 children aged three to five were enrolled in the home-based and classroom programs. This program is currently in its third year of ARC funding.

The Allegany County identification and intervention programs have provided an excellent model of preschool health and education services for children in rural areas. The acceptance of the proogram can be seen clearly in the extent of its use and in the willingness of local and state agencies to assume responsibility for its continuance after termination of ARC seed monies. The program also has served both as a model of cooperation between agencies and as a dynamic example of ARC's long-established policy of encouraging local initiative.

Comprehensive Teenage Parents Programs

Numerous problems are associated with adolescent childbearing—unwanted pregnancies, hasty marriages, medical complications for both mother and infant, physiological immaturity, economic dependency, poor nutritional status, lack of education, inadequate medical care, venereal disease and even suicide. An additional consideration in teenage pregnancy is the social stigma. This makes it difficult to deal with the problem through community action.

The burdens of teenage pregnancy are often heavy. Tensions arise in families. Marriages occur under stress. The incidence of child abuse is higher. Students drop out of school and an important segment of the population fails to receive the training necessary to become economically productive adults.

In the late 1960s, a number of concerned people in Steuben County recognized the need to help. They were determined to create a program that would treat teenage

pregnancy as a fact of life and not as a disease. They believed that it was important to have a program which would give teenage parents the opportunity to continue academic studies, to obtain vocational training, to plan for homemaking, to receive health guidance and training in child care and to obtain counseling in family problems.

A program was created in the Corning-Painted Post school district in 1969 which provided evening instruction for young women who had left school because of pregnancy. But the service was not widely used and was discontinued.

In 1973 a second attempt was made. With ARC monies and funds from local school districts, the Steuben-Allegany BOCES created a comprehensive teenage parents' program to provide educational opportunities, health and counseling services, and a licensed child care program for teenage parents. This program receives the active cooperation of Planned Parenthood, the local department of social services, the public health nursing service and other local agencies. The program has been an unqualified success. It is open on a regular school calendar basis, and students are welcome to enter at any time during the year. Referrals to the program can be made by schools, public and private agencies, clergy, physicians, program participants, friends or relatives. For five years it was supported by ARC seed money. It is now expanding its services under the sponsorship of BOCES. Resources available include school district monies, CETA, Greenthumb, mental health, Planned Parenthood counseling, college tutors, help from members of the Retired Senior Volunteer Program and from other community volunteers.

The teenage parents' program arranges individual instruction for each student. The instruction is tailored to the student's requirements and interests by a program coordinator after conferring with the student, parents and the local school guidance counselor. Communication with the home school continues. Students return to the home school to participate in assemblies, college entrance tests and conferences with guidance counselors. Grades are reported every six weeks. Students completing graduation requirements in the teenage parents' program receive high school diplomas from their home schools. If a girl who has already given birth wishes to finish the semester of the year in the program, she is allowed to do so. If she decides to return to regular school after her delivery, she also has that option. Students in the teenage parents' program also may enroll in vocational courses to help them acquire as many job skills as possible. A recent survey showed that 90 percent of the program's graduates over the past four years are employed.

Because teenagers have higher-risk pregnancies than do mature women, one aspect of the health information program is a prenatal course that includes instruction in anatomy, the physiology of pregnancy, postpartum care, family planning, infant care and the options available to a pregnant teenager. A central part of this course is instruction in good nutrition, a critical matter for pregnant adolescents. Free lunches are provided when necessary.

Shortly before delivery, each student is taken to the hospital where she will give birth for a tour of the maternity suite by a hospital nurse. The tour helps alleviate many fears. Fathers are encouraged to participate.

A range of counseling services is provided to adolescents because these marriages have a higher risk of failing than do the marriages of adults. Each day many young parents face decisions which require information as to how to confront unaccustomed problems, including the discovery of pregnancies, strained relationships with parents and problems with peers. Students are counseled and often are referred to Planned Parenthood, to workers in mental health and social services, to local physicians or to adoption agencies. In addition to individual counseling, a variety of group sessions are held. Husbands or other male friends of the young women are encouraged to attend.

Infant care facilities licensed by the state department of social services are an integral part of the teenage parents' program. They are designed to enable teenage parents to continue their education and at the same time to provide these parents with child care skills. In the Steuben County program, resources of Cornell University's infant care and resource center—another Appalachian child development project—was consulted in designing the nursery facilities and in providing infant care staff training.

The infant care center is used as a learning laboratory for child development classes. It stimulates learning for both parents and infants. Theoretical approaches learned in the child development classes are put to practical use under the watchful eye of caregivers. Each parent is required to participate in center activities and accordingly is given training in parenting skills. Grandmothers are encouraged to work as volunteers in the center and to visit the program whenever possible.

In 1976 the success of the initial teenage parents' program led to the establishment of four satellite centers in rural areas of Steuben and Allegany Counties. At these centers, which are more than 30 miles from the base center, prenatal information and counseling are provided by the local school nurse and by members of the teenage parents' program staff.

In 1977 a preventive services component was added to the program. A team consisting of young parents and a staff member has been trained to present information before community groups and in health classes in grades eight through twelve. The objective is the prevention of adolescent pregnancy. In its initial year, the preventive services team spoke to some 800 teenagers. It is anticipated that 2,500 young people will be reached during the 1978-79 school year.

When the comprehensive teenage parents' program

completed its five-year ARC funding cycle in the spring of 1978, its accomplishments were impressive.

- Approximately 40 teenagers and 26 infants now take part in the base program during a school year. Thirty-five to 40 additional students receive counseling. Still another 30 students are expected to take part in the satellite programs this year.
- Approximately 275 teenage parents and 88 infants took part in the program during the ARC funding cycle. An additional 100 teenagers received counseling services.
- Records indicate only one repeat out-of-wedlock pregnancy among program participants.
- Ninety-two percent of the students received some form of social services assistance while in the program, yet over 90 percent are now employed and no longer receive any form of public assistance.
- The reputation and success of this model in dealing with the problems of adolescent sexuality has been such that the neighboring BOCES serving Schuyler, Chemung and Tioga Counties requested the Steuben-Allegany BOCES to help duplicate the program there.

An ARC child development grant was approved in July 1978 to provide a teenage parents' program with a base center at Elmira, in Chemung County. The program officially opened with the 1978 school year and in its second week of operation had enrolled 18 teenagers and 7 infants. Satellite centers will be established for this program where needed. A preventive services team will be formed by January 1979.

Very few areas of the country have chosen to confront this problem with the honesty, forthrightness, organizational talent and widespread community cooperation that is found in Appalachian New York.

Family Support Programs

Tompkins county is well known for its beautiful lakes, its forests and its wineries. The county is largely rural, but the bulk of its child and family population lives in or near Ithaca, the principal center of commerce and the site of Cornell University and Ithaca College. Tompkins County, however, does not fully conform to a romantic vision of rural American. For example, 21 percent of all families still earn less than $6,000 a year. Outside the city area it is often difficult to find a doctor, secure legal advice or obtain child care. The lack of public transportation and the centralization of jobs and services in a few locations quite often contribute to a sense of isolation. Low-income people who live in an often harsh winter climate, far from essential services, and who depend on aging automobiles for transportation, can find life difficult and full of intense feelings of insecurity and frustration. Tompkins County in the early 1970s had the fourth highest rate of reported child abuse in the state.

The 1970s, however, brough a dramatic growth in the quantity and quality of child care services in the county. A survey conducted in 1965 found only one nonprofit group day care center, two or three proprietary play schools and day nurseries and six licensed family day care homes. Today there are 13 day care centers, 170 family day care homes, 14 nursery schools and many other programs to serve the needs of young children and their parents. These programs are not all concentrated in the Ithaca area but are located throughout the county to serve the needs of both urban and rural families. This dramatic growth of services and their distribution on a countywide basis was largely the result of a carefully coordinated and professionally executed program carried out by the Day Care and Child Development Council of Tompkins County.

One of the original services of the council was referral—a function it continues to perform. It does not place children in programs but refers families to situations which suit their needs. Its continuing philosophy has been that the right and responsibility for selecting child care and other services must rest with the parents. It outlines options but does not make choices.

The council has developed into far more than a referral service, however. In fact, its more important contribution to the parents and children of the county has been its role in facilitating the creation of new services. Through cooperation with parents, churches, charitable organizations, institutions of higher learning, public spirited groups, concerned volunteers and established organizations, the council has encouraged the creation of a range of direct programs and services throughout the area. It has shown service groups how to apply for funding. It has provided them with expertise and staff assistance. And it has played a central role in planning a balanced service network throughout the region. What began as a referral service developed into a dynamic catalyst that brought together the ingredients necessary for a wide range of programmatic successes.

The council decided in 1973 to launch an ambitious outreach program designed to foster the creation of comprehensive services for the rural areas of the county. This program was supported by ARC funds. It provides a model for others who wish to expand services into regions currently lacking child care facilities. And it provides an example of what an indirect service operation can do to help create and coordinate a network of direct child care services.

The outreach program began with a systematic survey of caregivers and potential caregivers in the county. This was followed by extensive publicity efforts. Day care providers were encouraged to visit the council. Individual caregivers were encouraged to exchange information and share day care experiences. The council took steps to break down the isolation that is felt by many rural people. But dependency on the council was discouraged. During the initial period of ARC funding, the outreach staff listened to the complaints, ideas and desires of rural residents. An enormous amount of leg work was done during the period when the United States was reeling from its first winter energy crisis. Many people were simply too busy with survival to be interested in

discussing child care issues. Once the council established rapport with various segments of the rural community, however, progress became possible.

In cooperation with other community programs that reach the rural section of the county, the council staff identified and recruited family day care providers. Other existing local services for young children were brought together to create a network of services within which gaps could be identified and filled and local needs could be more effectively met.

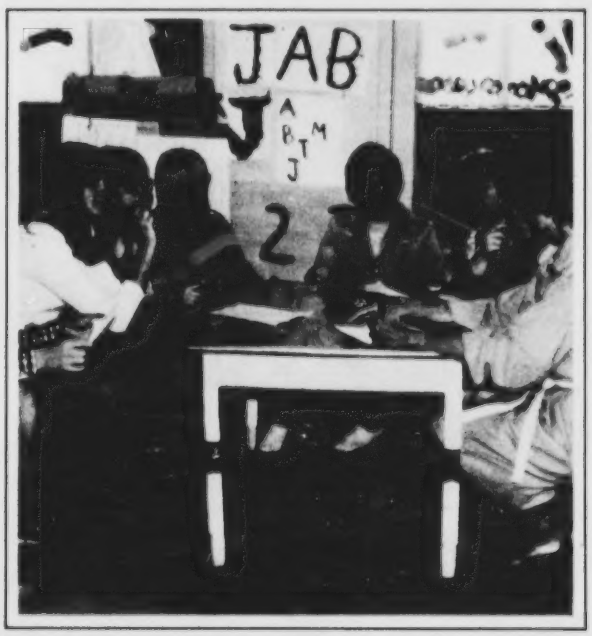
A key element in making local child development services accessible to rural families has been the local home-based child care referral system. Publicity and support for these services has been greatly enhanced in the communities where they are functioning. The staff also has developed a pilot program of weekly supportive visits to selected families with infants who are in need of child development counseling. As a result, parent-child interaction has increased, physical and nutritional care have improved and social work services have been brought to bear in helping families deal with child custody and foster care arrangements.

The rural development component of the project concentrated on the creation of coordinating committees in each rural area of the county. Several townships have developed home-based referral systems.

In one community a committee on young children successfully provided a series of parent workshops geared to topics specified by parents through a community survey. The committee also provided technical assistance to a new cooperative nursery school. A local charity accepted the committee's proposal to increase funding for a parent-run play group program.

The staff of the Tompkins County council has developed methods to provide a number of important services. There are orientation and enrichment sessions for family day care providers. Educational opportunities are provided for family day care providers, including credit courses at local community colleges. There are sessions on program administration for directors of day care centers. A television series and a children's festival were organized to create public awareness of children's needs, parents' opportunities and child care networks. And an educational opportunities listing was prepared to present training prospects to caregivers and parents.

During the project's first year, the central office was established at an attractive location where parents and others could meet and receive assistance to help improve the lives of young children. Later, this central resource was expanded to support a countywide system. This involved the preparation of a parents' guide to the types of child care available and how to choose among them and the publication of a compilation of all available programs for young children in Tompkins County. Information was gathered on program fees, contracts, salaries and budgets to be shared among programs. Statistics were collected on national and local population trends of working mothers, children under six and single parent families and on family child care expenditures. A quarterly publication, *The Network News*, was published with information of local and national interest to the child care community. Based on the philosophy that everyone in the network has something to offer as well as something to learn, a central point was established for meetings and to house a store offering preschool supplies at cost, a trash-to-treasure



corner, an 800-volume library and a 300-item loan closet that lends baby furniture, toys and audio-visual equipment. A legislative and public policy corner was established to provide information on current issues and pending legislation.

To improve the continuity and comprehensiveness of service while reducing unnecessary duplication, the council has successfully coordinated its activities with a wide range of agencies and institutions. Through mutual referral and cooperative programming, close ties have been established with many other ARC-funded projects. Significant, new areas of cooperation have been established with the New York State Department of Social Services. The project staff has played a major role in broadening Title XX planning in child protection. A contract was signed with the Public Health Department to share a full time CETA-employed child development aide. Public health nurses have participated fully in the development of rural coordinating communities. Joint programs and planning have been carried out with several other agencies and groups.

Because a long-range goal of the project was to stabilize the coordination of local and countywide children's services, many of the activities described have received maintenance support. Time spent in some areas has lessened as staff members have concentrated on new efforts, but liaison has continued. The emphasis has also shifted to helping those programs secure independent funding, structured support and strong internal leadership.

As these examples of programs show, the Tompkins County council has been responsible for coordinating and encouraging the creation of a network of child services that now blankets a wide rural area. Its importance is shown by the size of its constituency. On an annual basis, more than 200 people use its planning and coordination program and more than 2,000 its referral and information service. The outreach service contacts exceed 2,700 a year and over 1,600 people annually use it as a gathering place and resource center.

The project continues to serve as a model and resource to communities within the Appalachian region and elsewhere in the nation. The project staff has been consulted by representatives of groups from New York City, from many other counties throughout New York and from ten other states. Evidence of efforts in other communities to duplicate all or part of the project are numerous. The council's videotape, "Day Care Councils: Every Community Needs One," funded by Cornell University's family life development center and filmed by New York State Cooperative Extension, has been widely shown.

The project also has played an important part in stabilizing the county's labor force and attracting families to the area. Among the 2,000 parents using the referral service annually, many are women who seek employment only after assuring themselves that suitable child care is available.

From the inception of the outreach program, it was expected that the rural coordinating groups and the services offered through them would be supported in the long run by funds secured in their service areas. ARC dollars were seen as a progressively decreasing, five-year investment of seed money which would be replaced by local dollars generated and disbursed in the communities. After the fifth year of ARC funding, it was

planned that the services of the day care council would be reduced to a supportive, coordinating resource. Parents, local communities and agencies, backed by a countywide voluntary child services council structure assure the coordination and long-range planning of local and countywide multiagency services.

The Appalachian funding cycle for the program ended in 1978. Support now comes from the United Way, Cornell University, the local community action program, the division for youth, social services, the Congressional Church and volunteers. The program, however, has not achieved the level of funding attained during its years of ARC support. The indirect nature of the service makes it inappropriate to impose user fees. Cutbacks have been made.

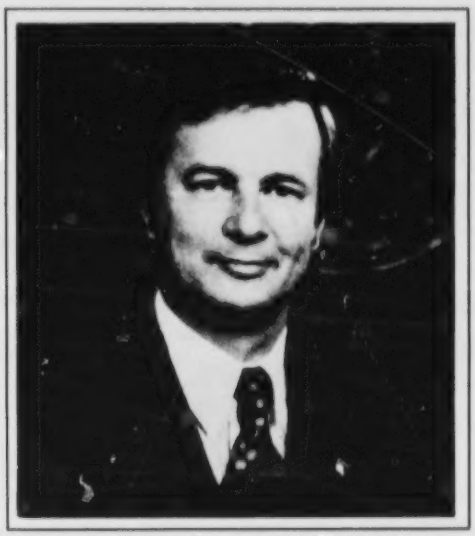
The Tompkins County council still provides three basic services. It operates an information and referral service on a full-time basis. It operates a resource center. It provides support for planning and coordination functions, although on a much reduced basis.

It is hoped that future funding can be made available to complete the outreach work started with ARC monies and to maintain the necessary support for the newly established service network. One encouraging development is the selection of the program to participate in a joint federal and Ford Foundation study of information and referral programs. The contribution of the council's outreach program to the creation of a countywide children's services network, however, has established for the Tompkins County program a secure place in the catalogue of national child care successes.

The early identification and intervention programs, the teenage parents' program and the family support programs are examples of the wide range and rich diversity of ARC-funded programs in New York. This variety is the result of an approach that emphasizes as much leeway as possible in the planning process at the local level. Freedom and flexibility are the key ingredients that have led to success in New York's Appalachian programs. Our efforts can be summarized by one program director.

"Some six years ago, we were at a point where we saw a need for programs to be developed with new directions. We are borrowing time and staff on an ad hoc basis to address what we saw as newly emerging needs of the children and families we were serving. ARC dollars gave us freedom and flexibility, thereby enabling us to develop new programs to serve infants, toddlers and their families. Using the expertise of our existing staff and those hired under the ARC grants, we were able to develop well thought out programs for these children. At the same time, it allowed us to set into motion a move from the classical approach to what we now see as a more effective transdisciplinary approach. It further allowed staff to attend to matters necessary to draw down other dollars and to streamline our methods whereby we are now able to tap those fiscal resources heretofore untapped."

North Carolina



Governor James B. Hunt, Jr.

North Carolina has 1,679,000 children under 18. They represent our hope and our future. Today we have gathered here to talk about these children and to discuss our hopes and dreams, our responsibilities and our moral obligation to raise these children to enjoy new opportunities.

Those opportunities have not always been available in North Carolina. In other years our young people were forced to leave the communities they loved and migrate to places that offered the jobs they needed. I am proud to tell you that this situation has changed. Employment opportunities are growing. High-wage paying industry is coming to North Carolina. Industry is locating in all of the sections of the state. And because of this progress, outmigration has been reversed.

But if that economic development is to continue and if North Carolina youngsters are to benefit from it, we must make plans today; we must take action that guarantees North Carolina's children the health, the education and the skills to take advantage of new high-paying jobs.

I want to restate the commitment of my administration to the goal of raising up a new generation, a generation with far more opportunities and far less disabilities than our own generation. I have invited you to this conference because I know that you share that commitment and because you have some ideas that will contribute to raising a new generation of healthy and able, educated and economically productive citizens.

We will work together to plan, to set priorities, to search for solutions. We do this realizing that no individual or group, no one agency or department of government by itself, can accomplish the goal of raising a new generation.

Health Beginnings

Because we know that the first years of a child's life have a formative impact on later development, North Carolina policy planners decided to concentrate efforts on the child at infancy. North Carolina's infant mortality rate is higher than 44 of the 50 states. In 1972 a task force was appointed to study the problem and make recommendations for improvement. Recognizing the importance of good prenatal care for expectant mothers, the task force proposed that the state develop a regional system of perinatal care facilities and services. In March 1974, $500,000 was obligated by the General Assembly to start the project.

Within the next three years, six hospitals were designated as regional centers for the program, providing back-up support and service to high-risk mothers who might need special attention during the pregnancy or at delivery. The goals of the program follow:

- improve the system of prenatal care so that mothers who have the greatest likelihood of having premature or ill newborns can be identified and special maternity clinics can be established
- improve the coordination and provision of transportation services so that all babies and mothers can have access to special care
- expand the in-service education being provided to perinatal health professionals to help them keep up with rapid technological changes
- develop a system of reimbursement for hospitals and physicians for the very costly maternal and neonatal intensive care services.

In the first full year of the program's operation, a drop of 18 percent in the infant mortality rate was achieved in a five-county pilot effort.

A second important program that addresses the needs of babies is the infant screening project. Recognizing that certain children in the population stand a greater change of developing mental, physical and emotional disorders than others, the project identifies high-risk babies, signaling their families for priority attention. The babies are flagged in the newborn nursery by a public health nurse who first reviews all records and then consults with physicians, hospital obstetricians and the mental health center staff. Each infant's record is reviewed according to the following criteria:

- mother 14 years of age or under
- gestational age of 35 weeks or less
- birth weight under 2,500 grams
- low development screening score
- birth defect or anomaly
- ill or poor progress in nursery
- poor maternal child attachment
- other

Once the infant has been identified as a candidate for the program, the public health nurse contacts the family. While mother and baby are still in the hospital, she explains the program and the available services and seeks to establish a relationship with the parents. Once the family agrees to participate, home visits are scheduled. The public health nurse visits provide support and assistance to the family and assure the baby the best possible care from both family and community services. The infant screening program is now under way in half of the local public health departments. Plans have been drawn for statewide implementation within the next year.

Finally, public health planners have developed a tracking system. Each high-risk child will be followed at four-month, seven-month, first-year, third-year and fifth-year intervals to see what services have been provided and to check on other needs. Follow-up will ensure that these babies receive ample opportunity for sound development.

Project Enlightenment for Mental Health

It is not enough to provide for the physical well being of children. Their mental health needs are also important. Project Enlightenment in Raleigh is one such model program. After only ten years this program has been commended by the American Psychiatric Association as an outstanding example of an early childhood mental health program. It was also selected as one of six programs in the nation to be described in *Mental Health Programs for Preschool Children* published by the National Institute of Mental Health in 1974.

This program is based on primary prevention and early intervention during the formative years from birth to age six, rather than rehabilitation later. It emphasizes the strengths of children and those around them. The project promotes positive mental health and assists people in helping themselves.

Project Enlightenment is a multidisciplinary program, jointly sponsored by the public school system and the mental health center. It also receives three small federal grants, funds from the state division of mental health and mental retardation services and fees for services.

In the past year:

- 2,341 direct consultations were held with teachers
- 4,494 direct consultations were held with children
- 887 teachers in 47 public schools were trained
- 65 preschools were seen
- 1,038 consultations were held with community agencies
- 1,094 training sessions were held for community agencies
- a "parenting" class for high school students was developed and operated in one school for 25 teenagers
- 28 continuing parent education groups with an average of 25 participants were held
- 7,022 consultations were held with troubled parents
- a model therapeutic nursery was run for 25 young children all year.

One might guess that it would take a staff of several hundred to accomplish all this. However, Project Enlightenment has a staff of 22, including the support

staff. The staff is assisted in its efforts by an enthusiastic group of volunteers. The program also provides training sites for people from all of the area colleges and for child psychiatry residents from the University of North Carolina Medical School.

The program also offers individual counseling and family therapy, a telephone support service for families and a lending library for parents and teachers. Over 70 community agencies have coordinated their services with those of Project Enlightenment.

Education—Primary Reading Program

In 1975 North Carolina made a new commitment to its youth with respect to their right to the best basic education possible. Each child is to be given the opportunity to expand his or her reading potential to the fullest. Some $2.75 million in state money was appropriated for this pilot effort, and in the 1976-77 school year 305 classes were operating in 104 schools.

Continuing its financial commitment to the program, the General Assembly appropriated nearly $16 million to the program. Combined with Comprehensive Employment Training Act funds, this was sufficient for the enrollment of over 84,000 students in 1977. The state again increased its contribution, and in the 1978-79 school year 53 percent of the students in the first, second and third grades were served in the primary reading program.

The strong commitment of both the Governor and the General Assembly to the primary reading program has brought precise guidelines for participation. What the teacher teaches and the materials that are used are left to local discretion. But all programs must have the prescribed components.

A full-time aide is assigned to each primary reading teacher in grades one, two, and three and works the same hours as the teacher. The aide assists the teacher in listening to children read, reading to children and providing follow-up activity designed by the teacher. All of the aide's time is spent in assisting the teacher on various aspects of reading and is not devoted to duties of a general school aide. Each aide must have a minimum of a high school education or the equivalent. If candidates with degrees in early childhood education are available, they are given preference. All aides are encouraged to continue their education. The local school system decides the specific role of the aide as long as the role is in keeping with the intent of the primary reading guidelines. Employment of the aides is in accordance with equal employment regulations, and the aides receive benefits such as sick leave.

Each school participating in the primary reading program is expected to comply with the volunteer component. Volunteers are selected and trained by the local school system. It is recommended that each student have a minimum of 15 minutes daily with a volunteer. Some of the schools in the capital city area have had the Governor and other state officials participate in their volunteer programs.

Each classroom is provided $156 for the purchase of special reading materials. These funds are used at local discretion to supplement regular equipment purchases.

During the year, the principals, teachers and local reading coordinator meet regularly to discuss a comprehensive reading plan and to revise it. Each teacher, aide, principal and local reading coordinator participates in 40 hours of staff development training. The topics include approaches to teaching reading, child growth and development, classroom management, how to work with volunteers and parents, formal and informal evaluation, teaching basic reading skills, organizing for reading and the role of the principal and reading coordinator.

No class can have more than 26 students. Any student who begins the program remains in the program for three years (grades one, two and three). The primary reading program is evaluated through the state's annual testing program. Grades one and two receive the prescriptive reading inventory. Third-grade students take the California achievement test. And comparisons are made between students involved in the program and a similar control group.

North Carolina has operated the primary reading program for three years. Progess has been made. The first-year results showed significant gains in reading among students participating in the program. The evaluation design compared matched classes in the same schools. Students in the benefit classes scored significantly higher than comparable students in the control group. The average reading achievement in benefit and comparison classes was below the national norm at pretesting. At post testing, the comparison group's achievements remained below the national norm, while students in the benefit classes exceeded the national norm.

In the school system of Winston-Salem, 80 percent of the second graders had mastered every reading skill measured by the prescriptive reading inventory. About 90 percent of the same second graders could divide words into syllables, recognize vowel sounds and consonants, match words with similar meanings, remember information and identify adjectives, prepositions and pronouns.

The Lap Program

This program is a totally voluntary project sponsored by the home economics sections of the Agricultural Extension Service. The lap reader project enlisted the aid of parents and builds on the natural interest parents have in the development of their own children.

Volunteers are trained by the agricultural extension agents in the concepts of parental involvement. They then go out to reach parents wherever they can be found—at home, while shopping, at libraries or even at

county fairs. The volunteers talk with parents about stimulating children's curiosity about the world around them and about language skill development. As the name suggests the parental lap provides a warm, safe place for a child and a perfect spot for interesting the child in books. The volunteers read to the child and encourage parents to continue the practice.

Eighty-eight counties have developed lap reading programs. In one year, some 2,600 volunteers spent 12,000 hours reading to children. This program is regarded as exemplary because of its excellent use of volunteers and agricultural agents, and its support of the family as a means of delivering services to children.

Reading Centers

In a variety of ways, reading centers provide direct help to classroom teachers and principals. Center staff members work with cooperating universities to provide a certification program for teachers. Professional books, children's literature, reading instruction kits, games and multimedia instructional material are made available to teachers enrolled in the program. Center staff members provide consultation and technical assistance to school units and engage in outreach activities at the local level.

Funded by the Appalachian Regional Commission, approximately 4,000 teachers participated in staff development activities at the Western Regional Reading Center in 1977

Ohio

Governor James A. Rhodes

Governor Hunt is to be commended for igniting interest and support in this conference, Raising a New Generation in Appalachia.

Those in attendance at the conference from Ohio represent several departments of state government, local development districts, and the Commission on Children. In Ohio the conference attendees conducted preconference workshops to coordinate the present activities and programs on children.

Ohio has funded many child development centers throughout the Appalachian area with Appalachian Regional Commission assistance. These centers are twofold in design. Not only do they provide parents with the opportunity to work away from home to increase the standard of living in Appalachian Ohio, they also provide educational and preventive health benefits to the children.

Ohio Department of Economic and Community Development

The Ohio Department of Economic and Community Development is active in several areas of service to children. The office of human services receives funding for the provision of training and technical assistance to Ohio's 48 community action agencies. These local agencies design and run programs to help low-income families in rural and urban areas obtain the skills, knowledge and opportunities needed to become self-sufficient. Youth development programs fall under the jurisdiction of the community action agency and include summer youth recreation and Head Start.

The department also administers the various Appalachian Regional Commission (ARC) programs in Ohio. Ohio's ARC child development program began in the fall of 1971 and consisted of eight projects of a health-oriented nature. The second round of projects began in the fall of 1972 and the emphasis switched from a health interest alone to a more comprehensive focus which included health, education, nutrition and social services for children and their families.

ARC has funded over 30 child development projects in 23 of the 28 Appalachian counties in Ohio. These projects cover a wide variety of child development activities. Several projects operate well child clinics which provide for the prevention, diagnosis and treatment of health problems. There are also family planning clinics and clinics offering prenatal and postnatal care. There are 18 day care centers which provide learning experiences and developmental training for some 500 children. Two other projects offer home-based educational services to preschoolers to foster development. The projects include parent counseling, which aims to increase parents' understanding of children, and nutrition education, which strives to educate families in meal planning preparation. An investment of over $12 million in ARC funds has been made in Ohio's child development program since 1971 and approximately 30,000 children and their families have benefited from the program annually.

The organizational structure of Ohio's child development program is on three levels, the state child development office; the local development districts which are the Buckeye Hills-Hocking Valley Regional Development District, the Ohio Valley Regional Development Commission and the Ohio Mid-Eastern Governments Association; and the local service providers.

The state child development office in the Ohio Department of Economic and Community Development administers the program, coordinates the delivery of technical assistance to the districts and local service providers and makes available expertise in the field of child development. Administrative functions include overall responsibility for program evaluation, budgeting, planning and review, as well as coordination with the Appalachian Regional Commission and other state and federal agencies. The purpose of the coordinating role is to ensure the responsive and effective delivery of technical and management assistance to development districts and local service providers.

Three local development districts work with the local service providers as program organizers. They also have responsibility for direct fiscal management of ARC funds. The districts are responsible for the initial evaluation and screening of proposals. They work with potential service providers and develop projects which are then approved by the district board and submitted to the state office for review and approval. They are responsible for obtaining any information or assistance that is requested by service providers within their districts.

The local service providers are responsible for the administration and operation of individual programs. There are a variety of local service providers in the ARC system, including health departments, school districts, community action agencies and a variety of other public and private agencies. The goal of the service providers is to draw together all of the services at the local level in a manner that assures their accessibility and responsiveness to the needs of children and their families within Appalachian Ohio.

To help assure comprehensive child development services, three of the counties within the Buckeye Hills-Hocking Valley Regional Development District have formed an unusual child development program, the Hocking-Athens-Perry comprehensive child development program.

This project is organized around a coordination center which contracts with seven community agencies to provide the following ten services: outreach, referral and follow-up; nutrition education; developmental day care; speech, hearing and language screening and therapy; child health care; prenatal care; rural family life services; family counseling; nurse/home visitor services; and transportation.

What is unusual about this program is the way the problem of delivering services was attacked. To facilitate total service and delivery, a computerized data processing system was installed.

The computerized interagency referral system works this way: when a child or family requests any one of the ten services, his name, case number, county and place of entry into the system are listed on a form and the data is keypunched on a computer card. Each additional service the child receives is also keypunched. Should the child or his family be referred from one service provider to another—from a day care center to family counseling, for example, or from the visiting nurse program to child health care—a new card is keypunched so that the referral is also monitored by the computer.

A special monitoring feature of the referral process uses the keypunched information to generate a monthly listing. This listing indicates the child's name, the services to which he or she has been referred, the referral

dates, the satisfactory or unsatisfactory completion of the referrals and the cost of the services. The community worker receives a copy of this printout and has the responsibility of follow-up on unsatisfactorily completed referrals.

Several other computer lists are also issued to the child development staff. An alphabetical cumulative listing by last name of all the services rendered to each child or parent provides readily accessible information that can be transmitted from one service agency to another. Monthly data tables showing the number of services rendered by each agency allow a close monitoring of activities. Monthly invoice statements are printed for all program agencies which offer continuing service to children. Each statement lists the name of each child served and the charge for the service received.

The Hocking-Athens-Perry comprehensive child development program's interagency referral system is just one method of bringing comprehensive child development services to children and their families. Another involves not the children and families directly but those professionals and paraprofessionals who work in the child development field. This other method is an annual child development symposium sponsored by the Ohio Appalachian Development Office's child development program. It is for child care advocates and providers from throughout the 13-state Appalachian Region and serves as an information-sharing forum and an in-service training session for child care personnel.

The primary purpose of the two-day symposium is to bring members of the child care community together to exchange program ideas, examine problems that hinder the delivery of services and discover solutions. Participants may attend any of 40 to 50 scheduled workshops dealing with such diverse topics as child abuse, curriculum planning, health education, program funding sources and pending federal legislation on child care service. There also are opportunities to view films on child health, preschool education and other related subjects and to examine the displays and materials of commercial exhibitors.

Ohio Department of Mental Health and Mental Retardation

Services for children provided by the Ohio Department of Mental Health and Mental Retardation are divided into services for mentally retarded children, administered by a division of mental retardation and by county boards of mental retardation, and services for emotionally disturbed children, administered by a division of mental health and the community mental health boards.

Services are provided for over 13,000 mentally retarded and developmentally disabled children. Services for the very young include infant stimulation, preschool classes for children up to six years of age and consultative services for families of mentally retarded children. There is also a school age program which is a combined educational and habilitative program for youngsters aged six to 21 years. Supplemental services provided by county boards of mental retardation include home-based services, communicative skills development, physical development services and transportation.

In Ohio there are no mentally retarded children under the age of six in institutions. Approximately 760 children between the ages of seven and 18 years are in institutions. This is about 11 percent of the total institutional population for mental retardation. Ohio also purchases residential care for mentally retarded children, including those under the age of six.

The division of mental health reports that there are over 250,000 emotionally disturbed children in Ohio who are in need of services. The division coordinates services for these children through children's program coordinators in each of the eleven district offices. The children's coordinators are qualified mental health professionals who function as advocates for children and youth. They assist the local communities in developing programs and services to meet the needs of emotionally disturbed children. The services available include counseling, outpatient treatment programs, protective services and residential day care.

The division operates five inpatient hospitals for the emotionally disturbed population aged six to 18. These hospitals serve approximately 255 children, about 3 percent of the department's total population for mental health. The average length of stay in the five child-serving institutes is three to six months.

Ohio Department of Public Welfare

The Ohio Department of Public Welfare provides social services to Ohio's families. The department is responsible for the supervision of program delivery by 88 autonomous county welfare departments, 41 county children's services boards and more than 500 public and private social services agencies. These departments, boards and agencies provide services which include residential care, protective services, day care, foster care, adoption, counseling and services for children with handicaps.

The department is routinely involved in special projects designed to improve service delivery. Currently, an emphasis has been placed on children in foster care. Ohio is participating with 23 other states in a project aimed at eliminating foster care drift.

Eight counties, including two Appalachian counties, are involved in this demonstration. The focus of the project is the backlog of foster care cases. The purpose is to develop a structured approach to foster care. The sample for the demonstration is a group of 97 children from the participating counties who met the following criteria: twelve years of age or under as of March 1, 1978; in foster care longer than one year as of March 1, 1978; and not likely to return home.

Project workers have been involved with these chil-

dren since May 1978. In that very short period of time, three children returned home, six children are in adoptive placement and six others are awaiting adoption. Many other children are headed in a positive direction with successful home visits and parents who have found jobs and made planned treatment agreements. It is estimated that the direction of each project child will be determined by May 1979.

Ohio Department of Education

The Ohio Department of Education's responsibilities encompass every phase of school operation, though the daily operation of each school is in the hands of a locally-elected board of education. Among the special programs administered by the department is one on career education.

Career education prepares students for productive and satisfying roles in society based on their interests, aptitudes and abilities. The term "career" is not meant to imply that the program is merely a job-finding effort. The Ohio program divides career education into three component parts: in grades kindergarten through six, career motivation; in grades seven and eight, career orientation; and in grades nine and ten, career exploration.

One example of an effective career education program is a three-county development program which is funded by the ARC with the Ohio Department of Education's career development service. The program began its first year of operation in July 1976, after a six-month planning phase. It serves Hocking, Athens and Perry Counties.

This first multicounty career education program in the state is one of 35 career education projects administered by the Ohio Department of Education's division of vocational education. Program Director John Meighan has emphasized that the purpose of the tri-county career development program is to assist districts in merging career education activities into existing programs.

Ohio Department of Health

Other needs of Ohio's citizens are served through programs administered by the Ohio Department of Health. Programs for children and mothers are operated under the department's division of maternal and child health. The principle funding source for these programs is Title V of the Social Security Act.

An example of the kind of special project funded by Title V in Ohio is the maternity and infant care project in Cleveland and Cincinnati. These projects provide comprehensive prenatal and obstetrical care to 7,000 low-income mothers and their infants. Comprehensive care is provided through an interdisciplinary team approach including medical, dental and nursing care, together with nutrition, family planning, infant stimulation, parent education, homemaker and social services. The objective of the project is to locate and serve vulnerable patients in the early stages of pregnancy. Vulnerable patients are low-income women who receive little or no prenatal care and have a high incidence of medical complications. An evaluation conducted in Cleveland, comparing maternity and infant patients and nonproject infants, showed that the mortality rate for nonproject infants was two-and-one-half times greater than that of the project group. Prematurity was 6.9 percent among the project infants, compared to 11.3 percent among the others.

Pennsylvania

Governor Milton J. Shapp

Governor Hunt deserves our appreciation for his diligent efforts in making this conference a reality. Likewise, the staff of the Appalachian Regional Commission (ARC) merit our thanks for their work. In light of the public outcry for an examination of certain tax structures, this conference is timely. It is essential, I believe, that the economic difficulties of this nation should not fall on the shoulders of children and the services which address their needs.

I take pride in the wide variety of health, child development, education, nutrition and special needs services which are offered to children and their families in Appalachian Pennsylvania and across our state. Pennsylvania has over 4 million children aged 17 and under. Title XX day care under the Social Security Act presently represents a federal-state investment of $80 million serving 7,665 children. With the expansion of the Head Start program, nearly 13,000 preschool children will receive comprehensive services. These programs support and strengthen the family unit. Child care workers and other professionals in the field must be sensitive to building and maintaining a partnership with parents to promote the growth and development of children.

The Pennsylvania Department of Education is working on the development of curricula which will better ensure that school children learn the basic skills necessary for living and working in our complex society. I am pleased to see that this topic is a major focus of this conference.

One of the most beneficial uses of Appalachian Regional Commission resources in Pennsylvania has been in reducing the tragedy of infant mortality. While other nations play statistical games as to what constitutes an infant death, it nevertheless remains a national disgrace that the United States averages 15.8 deaths per 1,000. The bureau of children's services in the Pennsylvania Department of Health is developing innovative and broad-based strategies to reduce infant mortality. It is my sincere hope tht the fine relationship between the state departments of health and commerce and the seven local development districts within Appalachian Pennsylvania will continue to improve our mortality rate.

I am the first Governor to issue a proclamation in support of the United Nations 1979 International Year of the Child (IYC). Internationally, the purpose of IYC is to have each nation examine its children's programs and services. Such introspection and analysis is appropriate for each of our own states. Advocacy for children must serve to promote and solidify what those of us here already know—that children are our most important national resource.

Pennsylvania currently maintains an ARC investment of approximately $2 million in child development programs. Economic development in Appalachian counties is our prime focus. But a substantial commitment to our children and their families is an essential part of that. The following narrative describes the development of special programs for children and presents an overall view of our Appalachian Regional Commission child development program. Pennsylvanians look forward to working with you during this conference to guarantee that such an ideal becomes a reality.

In the Best Interest of Children

Despite our vast national wealth and advanced technology, the United States ranks as the 16th highest nation in the number of neonatal fatalities—death from birth to the age of 28 days. High concentration of low-income pregnant women in the cities and the lack of doctors and medical services in rural areas make this tragedy a national problem.

Five years ago, the neonatal death rate in Wilkes-Barre, was significantly higher than the national rate. It was 28.6 babies per 1,000 live births as against the national average of 13.0 per 1,000. In the same year, the Pennsylvania child development committee, operating under an Executive Order issued by Governor Shapp developed a state plan for child development which established the following priority:

"To achieve the prevention of problems and to attack those which occur at the earliest possible moment, work must begin even before the child is born. For this reason, while protective services and day care are important parts of child development, the plan directs its attention to a longitudinal approach, that is, the prevention of problems before the woman's pregnancy, during the woman's pregnancy and before the child's first birthday. Once prevention at these intervals occurs, it should then proceed along the age span encompassing children up to six years of age and beyond.

"Because of the early preventive approach described above, the emphasis in the plan is on health. Services aimed toward preventing and alleviating early problems are heavily weighted in favor of health, simply because health-oriented problems seem to be of the greatest magnitude. Family planning, prenatal care, nutrition and services for the handicapped certainly include aspects of social services and education, but, when included, social services and education should be within the context of health orientation."

Nurse-Midwifery Program

Maternal Health Services of northeastern Pennsylvania (MHS) responded to the crisis of infant deaths by developing a nurse-midwifery program at Mercy Hospital in Wilkes-Barre. Nurse-midwives are women who are registered nurses and have taken additional post-graduate training in obstetrics and gynecology. Like nurse practitioners, nurse-midwives are authorized to perform only those medical procedures delineated by the physicians with whom they work.

The nurse-midwifery program grew out of efforts by Drs. Margaret Livengood and H. W. Moran. Since the aims of the proposed nurse-midwifery project coincided with the state child development priorities, the bureau of Appalachian development in the Pennsylvania Department of Commerce and the child development committee, acting as the statewide interagency review group, decided to include it in the state package submitted to the Appalachian Regional Commission (ARC). The program provided comprehensive obstetrical care that included prenatal visits, delivery, postpartum check-ups, medical care to the infant for two months and referral services.

The client groups selected were women who would be unable to pay for medical attention from a private physician—high risk patients, such as pregnant teengers. The midwifery clinic at Mercy Hospital has five full-time nurse-midwives. After these women had earned their nursing degrees, each went on to obtain a certificate from one of the nation's 19 approved midwifery schools. The five Wilkes-Barre nurse-midwives then had to pass the Pennsylvania state board exams and undergo a series of personal interviews before they could finally care for patients.

Under the supervision of a physician, the nurse-midwives operate their clinic four days a week, from 9 a.m. until the last patient has been seen—around 3 or 6 p.m. Patients make appointments with the clinic's secretary, who usually schedules about 30 or 40 visits a day. A high-risk clinic is held once a week. The obstetrician sees all high-risk patients and any others who the nurse-midwives feel need a doctor's special attention. He also sees each new patient at the time of her initial visit. He is always on call for emergencies.

On a rotating basis, one of the nurse-midwives is always on call, day or night. She is responsible for any deliveries that occur during her 24-hour period on duty. Should an emergency arise after clinic hours, patients know that they are to call the answering service, which then locates the particular nurse-midwife on duty.

"We average about 39 deliveries each month," says Ann Griffiths, director of the nurse-midwifery service at Mercy Hospital. "And it's true that most of the babies choose the dead of night or the wee hours of the mornings for their grand entrance. So far, though, we haven't missed a single birth."

The objectives of the nurse-midwifery program are four:

- To demonstrate that a team consisting of physician and certified nurse-midwives enable physicians to provide maternal care to an increased number of women
- to demonstrate that the quality of care provided is as high as that conventionally provided by the physician alone and that the quality of care can be improved by giving a greater portion of the physician's time to the complicated pregnancy and delivery
- to achieve these objectives in a way that will be accepted by the medical community
- to demonstrate to other communities, hospitals and groups of physicians in northeastern Pennsylvania that this program can relieve the effects of the acute physician shortage in the field of maternal health.

From an initial ARC investment of $500,000 over a 36-month period, the clinic has attained self-sufficiency with the assistance of the Pennsylvania Department of Health and third-party fee payors. Wilkes-Barre now

has one of the state's lowest neonatal rates (7.8 per 1,000). This vast improvement to a great deal can be credited to the clinic. Over 500 women and their babies received these services each year. The Wilkes-Barre Nurse-Midwifery Clinic has expanded its services to another rural community, Honesdale, and continues to prove that midwives offer a modern opportunity to extend needed family health care.

Child Development Services

Day care and comprehensive child development services, especially in counties with few child care facilities, have long been a priority for the state ARC office. In 1973 child advocates in Huntingdon County recognized the acute need for comprehensive day care services for both handicapped and nonhandicapped children. Most of Huntingdon County is rural and mountainous. Many families are in semi-isolation. Geographical conditions complicate the implementation of child development programs such as transportation, parent involvement and volunteerism. Site location is difficult.

The plan for a Huntingdon County child development program was successfully brought to fruition by Jeff Koppel, a transplanted New Yorker whose professional expertise enabled him to tap the state and federal funding streams. Some $95,000 in ARC funds was used over three years to serve 40 preschool age children in partnership with funds from Title IV-A day care and mental health and retardation programs. In the second year, the Huntingdon and Mount Union School districts contributed. The program stimulated enough community interest to sponsor two related programs in its second year—a summer recreation program for normal and handicapped youth and a fee paying nursery school.

ARC funds expired in August 1975. Huntingdon is now self-sufficient and expanding the scope and territory of services. In 1978 Huntingdon was selected as a new grantee for the Head Start program.

The Huntingdon County Child Development Corporation operates four child development programs serving 141 children. The four programs serve both handicapped and nonhandicapped children. They are widely located in all areas of the county. Children served range in age from six weeks to six years. The objective is to provide a good comprehensive child development program for each child based on that child's needs. Handicapped and nonhandicapped children have more similarities than differences. All children should have opportunities to share the experiences and activities that each program offers.

The program goal for nonhandicapped children is to provide comprehensive child care that assists the family in meeting the child's needs. The programs provide a safe, pleasant yet stimulating environment for children while the parents are working, training or looking for work. The program goal for handicapped children is to provide early intervention and infant stimulation services based on integration and normalization. The handicapped children are given the opportunity to interact with the nonhandicapped children, giving them a more normal environment in which to develop. The services promote the federal goals of day care—to enhance economic self-support and self-sufficiency in families; to preserve, rehabilitate or reunite families; and to prevent or reduce institutional care by providing for community-based, home-based or other forms of less intensive child care. All of the programs cooperate with other agencies to provide services to both the child and his family.

At Petersburg and Huntingdon the centers provide services eleven hours a day, five days a week year-round. The Treasure House at Mount Union is a center-based program with a small home-based component and is open eight hours a day, five days a week year round. The Southern Huntingdon project provides both home- and center-based services, with the center open four half-days per week. The handicaps of these children include cerebral palsy; epilepsy; hearing, speech, visual and neurological impairment; blindness; crippling disorders; multiple handicaps; mild emotional disturbances; autism; learning disabilities; and behavioral problems. Referrals for all handicapped children are channeled through the Juniata Valley office of mental health and mental retardation.

The activities include free play time, special activities work, circle time, individualized instruction and work in the five skill areas of personal-social, gross motor, fine motor, language and cognitive development. Casework service is provided to all families of children enrolled in the programs. Therapists evaluate each child enrolled and do individual speech therapy as needed. The speech therapists also work with teachers and parents. Each child enrolled in any of the programs is evaluated for other skills using developmental and psychological testing. Each child who shows a delay after testing is given individualized instruction. Other programs are designed to teach the parents to work with their children at home.

Snacks are served at each program. A hot meal is provided daily in the full-day programs.

Student interns from area colleges and high schools are used as student-teacher aides. They receive credit for their work while they are receiving on the job training.

A pediatrician, a clinical psychologist and a mental retardation specialist are employed on a regular basis. Consultants from other human and educational service agencies are used as needed.

Parents are encouraged to become involved in the programs through volunteer work in the centers, regular parent meetings, work on fund raising activities and consultation in policy-making decisions.

Preventing Psychological Disorders

Pennsylvania uses ARC child development funds to develop programs which will benefit children, child care

service providers and parents. In June 1977 the University of Pittsburgh began a project called training for the prevention of psychological disorders in infancy (PPDI), under the direction of Dr. Elsie Broussard of the graduate school of public health. PPDI is designed to disseminate knowledge to professionals, paraprofessionals and parents in the child care system on the prevention of psychosocial disorders in infancy.

Professionals now have the skills and clinical tools to identify during the new born period those infants who are at high risk for a wide range of psychological disorders. Various programs and delivery systems have demonstrated the ability to provide preventive intervention services to families of infants at high risk. But a system to prevent or ameliorate psychosocial disorders is useful only if a cadre of well-trained professionals is at hand with the sensitivity and competence to take the next steps.

PPDI will receive approximately $430,000 from ARC for three years to transmit knowledge in the complex area of preventive intervention to the existing health delivery and child care system. It is essential that those who will plan and provide preventive services have a sound knowledge of child development and the parenting process, beyond technical competence in methods of screening, developmental assessment and intervention.

The development of audio-visual and printed materials for training, outreach, continuing education and regional symposia are the primary methods in implementing PPDI. Nurses, physicians, social workers, child development specialists, psychologists, educators and parents throughout the 52 ARC counties are to be enrolled. The training schedules are flexible—monthly or in-depth for a week—to encourage participation.

The ability to identify infants at high risk during the first month of life is the rationale of PPDI. Dr. Broussard in 1963 developed the neonatal perception inventories (NPI), which have been shown through study to be predictive of infant development. The validation and success of NPI led the University of Pittsburgh to establish a preventive-intervention program for infants independent of ARC funds. ARC funds have provided the final and most widespread step in this sequence, however—an extensive training outreach to achieve the goals of PPDI. Through the first quarter of 1978, 993 participants have learned the highly technical skills involved—screening, treatment, assessment and prevention. Other ARC states have expressed interest in receiving the PPDI training. The success of PPDI will be measured by the degree to which intensive prevention training translates into more competent service providers and improvement in the lives of high-risk infants and their families.

South Carolina

Governor James B. Edwards

To enhance South Carolina's quality of life and increase the potential of our future generation, I have placed priority attention on meeting the education and health needs of our children and their families. Under both the Appalachian Regional Commission program and on a statewide basis, South Carolina has emphasized programs that focus on proficiency in the basic literacy skills, job-relevant training, availability of adequate health care and special services to prevent the abuse and neglect of our children. Through efforts in these and related areas, South Carolina is providing greater opportunities and advantages for our younger population. In doing so, I am pleased to indicate that we are making progress toward South Carolina's goal of building a healthier, better educated generation with the capacity to live full and productive lives.

Raising a New Generation in South Carolina

Since the beginning of the Appalachian Regional Commission (ARC) program, South Carolina has been guided by a development strategy aimed at providing basic human services and the economic opportunities necessary to increase the potential of its residents. In the belief that a healthy population with marketable skills is an essential step in the cycle of increased employment, job creation and economic growth, the major portion of South Carolina's Appalachian funds have been invested in education, health and child development.

These investments in human resource have been made along with the investments in basic community facilities and services, all of which are necessary to sustain population, support growth, stimulate industrial activity and build a sound economic base in South Carolina's Appalachian region.

The strategy employed in South Carolina to meet its needs has provided a tangible yield in human attainment and economic growth that is visible and measurable. South Carolina is proud of its progress. But it is also aware that much remains to be done to improve the quality of life of our citizens today and of the generation of tomorrow.

Within the Appalachian area of South Carolina considerable attention and resources have been focused on the critical areas of education and health. The primary objectives have been to:

- increase the quality and effectiveness of our public education system to ensure that all residents attain basic education skills and are provided with the opportunities necessary for each to reach his or her potential for a productive life
- increase the quality, availability and accessibility of health services through a cost-efficient delivery system to ensure that adequate health care will be within the reach of every resident.

In planning a resource strategy under the ARC program, South Carolina, like all the Appalachian states, was faced with overwhelming deficiencies in most aspects of health and education. It was necessary to achieve a balance between the competing need to deal with problems that already existed and the need to build programs that would prevent or alleviate a recurrence of the same problems. Initial efforts were focused both on corrective actions and on the creation of new programs and services that did not exist or were severely limited.

The foundation established through the earlier years, along with subsequent changes in the ARC legislation, have enabled South Carolina to focus increasingly on prevention. In 1969 with the addition of child development to the Appalachian program authority, new emphasis was placed on prevention and early intervention by providing a comprehensive range of services for our population aged six and under. Again, legislative changes in 1975 allowed further investments in educational demonstrations beyond vocational and technical training. This further enabled South Carolina to enhance the preventive approach in education by focusing on the learning needs of students at earlier ages.

South Carolina's Appalachian region, which includes six northwestern counties of the state, has a population of about 700,000 in a mixed urban and rural setting. As a result of the ARC program the region has served as a testing ground for new ideas in programs and service delivery systems. Many Appalachian demonstrations in education, health and child development have served as models for other areas of the state. Because the ARC program affords the opportunity to experiment with new and innovative approaches, it has had a significant impact not only in our six Appalachian counties, but also on the entire state.

Education for Our Children and Future

A strong educational foundation in the formative years of our children from birth to age eight is crucial to their future development. The educational programs must also have continuity and comparable quality and effectiveness throughout the entire primary and secondary system or the child can not develop to the fullest potential. The public education system is like a chain—only as strong as its weakest link. While South Carolina has made considerable improvements in many areas of education, many links of the chain still need attention.

Because it is of such importance for preparing and equipping our children to meet the challenges of life, South Carolina, under Governor Edwards, has made education the number one priority for the state. On the premise that a highly trained labor force would be influential in attracting industry to the area, creating jobs and stimulating growth, South Carolina has invested a substantial amount of Appalachian funds in constructing and equipping a system of twelve vocational schools and three technical education centers for the region. Together, these vocational and technical education facilities serve more than 20,000 youngsters and adults each year. They provide a vital service to the region's industries.

Although the vocational education system does not provide direct services to the population from birth to age eight, it is significant that our growing children will have the advantages and opportunities of using a well-established system of facilities and programs to obtain job training and acquire marketable skills.

In pursuit of South Carolina's major educational objective of improving the quality of its elementary and secondary school system, significant steps have been taken on a statewide basis to strengthen the system and correct deficiencies. In the past several years, substantially increased state funds have been applied to the support of the public school system in grades kindergarten through twelve. These budgetary additions have expanded our kindergarten program statewide, provided teachers' aides to relieve teachers of many nonprofessional tasks, elevated teacher salaries to bring them in

line with southeastern averages and provided a strong fiscal base for the overall public education system. Through the efforts of Governor Edwards, landmark education finance legislation has been enacted that removes disparities in per pupil expenditures and establishes an adequate level and an equal basis of financing for each elementary and secondary school child in the state.

Money alone does not ensure that all our children are receiving the best possible program of education, however. Major efforts—statewide and within the Appalachian region—have been focused on student mastery of the basic literacy skills, the upgrading of teacher performance, improvements in curricula, provision of programs for students with special needs and the development of new result-oriented techniques that achieve success where other methods have failed.

The attainment of proficiency in the basic skills of reading, writing and computation by all students is viewed as a particularly critical need in South Carolina's effort to prepare students to live productive lives. Attention is given to programs which build an early foundation of basic skills development, emphasizing attainment of minimum levels of skills throughout all grades and providing effective remedial measures for students performing below minimum levels.

Since 1975 legislative changes in the ARC program have enabled South Carolina to develop demonstration programs in basic education that better meet the region's problems and needs. One student-oriented demonstration program yielding positive results in raising math and reading levels uses special self-paced instructional laboratories. These basic literacy labs have been established at eight elementary and secondary schools in the region with ARC funding assistance. They are being used for slow learners who do not require special education but whose work is at least one grade below normal.

Several other basic skills programs initiated with ARC funding have been designed to increase the capabilities of teachers in grades one through twelve to teach basic literacy skills. Through these in-service training programs, teachers are involved in developing more effective curricula. They are provided with information on new and innovative teaching techniques and are taught alternative methods of achieving results with slow learners. They are trained in a variety of other areas that will heighten their ability to diagnose and respond effectively to student needs. All school districts in the region are now participating in basic literacy programs. Increasing emphasis is being placed on the earlier grades to build a strong foundation that can alleviate the need later for remedial measures.

Another type of innovative program that has been initiated with ARC funds involves the development of a basic economics education program for use by regular classroom teachers in grades one through twelve. Since many teachers are ill-prepared to identify and teach basic economic concepts, this subject area is often neglected. Students are deprived of knowledge they need to make more informed decisions directly affecting their lives. This pilot program provides teachers at all grade levels with the information, resources and training to teach students practical consumer economics and the fundamentals of our free enterprise system. It meets the need to better prepare our students to deal with the variety of personal and business situations that they will encounter.

Health Care for Our Children and Their Families

When South Carolina began its involvement in the Appalachian health program just over ten years ago, there were deficits in all facets of the region's health care delivery system. Through the three major priorities of prevention, primary care and health manpower training, South Carolina directed its Appalachian resources toward programs that would make basic health care accessible to the entire region's population, including young children. Significant improvements have been made.

In 1969 there were critical shortages of health, nursing and physician personnel in the six-county region. In response to this need, considerable ARC funds were devoted to the organization of 19 allied health and nurse training programs at the region's three technical education centers. As a result of these investments, the region is currently experiencing a stabilized suppy of nursing and allied health personnel, adequate to its needs. To deal with the physician shortage, South Carolina employed the strategy of hospital-based residency programs. Statistics indicated that a large percentage of doctors set up their practices in the geographic area of their residency training.

Thus, with ARC funds, South Carolina established the state's first family practice residency program outside a medical university. The original strategy has proven to be highly successful within the region and has led to a statewide system of 16 primary care residency programs. With ARC funds, four hospital-based primary care residency programs have been initiated in the region, three in family practice and one in internal medicine. As a result, it is projected that the region's primary care physician needs can be met by the mid 1980s. These gains are important for our children from birth to eight years old, now and in the future.

In response to high infant mortality rates, Appalachian funds have been used to establish maternal, infant and child health programs in five of the region's six counties. These programs offer a full range of health education, nutrition and counseling services. They provide complete prenatal, delivery and postpartum care to medically and socially high-risk mothers. The child health component provides continuity of care through comprehensive preventive health services to infants and young children. These programs have contributed to a dramatic reduction in the region's infant deaths. The

1965 infant mortality rate of 31.1 percent decreased to 16.9 percent in 1976, only slightly higher than the 1976 national rate of 16.0 percent.

With the use of Appalachian funds, South Carolina initiated the state's first regional emergency medical service system and developed the prototype from which a statewide emergency medical service (EMS) network has been established. This life support system provides every resident of the region rapid access to emergency care by trained personnel. While the EMS system is directed toward the entire population, it is also of particular benefit to infants and children. The region's EMS system, which is equipped with special neonatal transporters for the delivery of babies to the region's two neonatal nurseries, provides a vital services to many newborn infants. Because accidents are the leading cause of death among children over the age of one year, the EMS system provides an important new service to our younger population.

Of particular interest in the preventive health care of children have been three ARC-funded demonstration programs involving genetic education, teaching and evaluation. These programs are located at the region's three hospitals where there is a family practice residency. They provide needed training in genetics to residents, as well as clinical testing and evaluation of pregnant women in certain high-risk groups. Often, when genetic disorders are detected and diagnosed early enough, appropriate treatment and procedures are available to prevent or ameliorate many of the severe abnormalities and handicapping conditions which might otherwise occur. The promise of prevention through the science of genetics is enormous, but our doctors need more training in this field.

Child Development

South Carolina has defined child development as the systematic provision of health, nutritional, educational and social services to ensure the best possible growth of the child and to provide a sound base for other developmental goals of the region. By focusing on children aged six and under, the child development function is aimed at prevention through early detection and intervention.

Until seven years ago, a coordinated effort for publicly funded child development services did not exist in South Carolina. In 1971 with ARC monies newly available for planning at the state and regional level for child development, a system of service delivery was designed.

In 1972 and 1973 a network of comprehensive child development centers was established in each of the six counties. A majority of these programs were operated directly by the region's school districts. A private nonprofit group and a county level department of social services conducted two of the programs. Additions to the original network, which have included two hospital-based programs for children of employees of the hospitals, led to the establishment of 18 comprehensive child development centers serving almost 1,500 children in the region.

In the early years of establishing the network of day care programs, planning for self-sufficiency after ARC grants were terminated was of primary concern. From the beginning, Appalachian funds were packaged with other available federal, state and local monies to maximize resources for the programs and to plan for their continuation beyond the five years of ARC assistance.

Today, 17 of the 18 centers initiated under the Appalachian program remain in operation through a variety of funding sources. Commitments at the state and local level in combination with funds from Title XX of the Social Security Act, the U.S. Department of Agriculture, the Comprehensive Employment Training Act and the Emergency Employment Act have enabled all but one of the region's comprehensive child development centers to survive the transition.

The success of the day care programs initiated in the Appalachian region served as a catalyst for a statewide system which now provides child development services in all counties throughout South Carolina.

With the day care system well established and its maintenance provided for through other funding sources, South Carolina has directed its Appalachian funds since 1976 to child development programs in other preventive areas. Priorities have been revised to include new services for kindergarten children, the education of children and parents in early skills development, programs for exceptional children and child protection services.

To improve and expand the public kindergarten system, South Carolina supplemented its state funds with ARC monies to conduct pilot demonstration programs in extended-day kindergartens.

State kindergartens are available in South Carolina on a double session basis. Increased funding for these public kindergartens in the past several years has recently led to a statewide system serving some 65 percent of our five-year-old children. In spite of these gains, however, some school districts have had high percentages of first graders with no preschool experience. They have found that parents, particularly working mothers, were not always able to arrange for a child's kindergarten attendance on a half-day basis.

The extended-day kindergarten programs are designed to provide the benefit of this preschool learning experience to children who otherwise would not be able to participate in half-day sessions. Forty-seven extended-day kindergarten units, which operate the full length of the school day, have been established in five school districts. These programs are currently serving about 1,300 five-year-old children in four of the state's Appalachian counties.

The enthusiastic response from parents, teachers and principals indicates that the extended-day kindergarten

program not only is meeting a need in the region in providing an educational experience for five-year-old children not served by the regular school program, but also is providing a service for working parents. Continued success in the region's extended-day kindergarten programs, which are currently in their second year of Appalachian funding, may well serve as a model in other parts of the state.

Another innovative project initiated with ARC funding was designed to develop a national model to demonstrate the role of the public library in meeting both the learning needs of children under the age of six years and needs of parents and child care providers responsible for their development. With the guidance of Dr. Alice Honig of Syracuse University, who is internationally recognized in her field of infant stimulation and parent involvement, this new library program was developed from a child development point of view.

Known as Project Little Kids, this program is conducted by the Greenville County Library. The library focused first on infants and toddlers and became the first in the nation to have a program for children from birth to age three and their parents. The library programs now include children up to the age of six years.

Project Little Kids provides a circulating collection of children's learning materials to stimulate cognitive development and interaction between the children and their parents or child care providers. Moreover, a comprehensive collection of information and educational materials in child development and guidance is provided, offering practical guidance to parents and other adults working with preschool children. A distinctive part of this program is the encouragement of parent involvement in training sessions to teach both the child and the parent how to gain maximum benefits from these special materials.

Under this program, a child development specialist is retained by the library to provide regularly scheduled training sessions for parents and children and to give individually information and assistance on learning materials and child care. Workshops are scheduled in the community to reach special groups—child care centers, public housing projects, teenage parents, unwed mothers and low-income parents.

Community response to Project Little Kids, which began on February 1, 1977, has been encouraging. In 19 months of operation, 750 parents and over 1,000 children have registered for the program. Workshops and training sessions have brought in over 1,100 parents, 3,200 children and 85 child care providers. And over 6,000 other inquiries and requests have been received by the library for information and assistance on child development resources available through the program.

Project Little Kids has been cited in several national library journals and was exhibited at a recent meeting of the American Library Association. Inquiries have been received from 60 libraries throughout the United States and Canada that are interested in developing similar programs. The project, which provides services to support the optimum growth and development of our children, is meeting a need. And it is meeting that need economically through an existing agency that is well known in the community and is available to all residents.

To provide our children with the opportunities that will help all of them to realize their potential, the needs of our exceptional children must be given special consideration at the earliest possible age. South Carolina has applied ARC resources to the construction of facilities and operation of programs for physically handicapped and developmentally disordered preschool children.

A variety of other programs have been established for handicapped and disadvantaged young children. With the use of ARC funds, South Carolina has been able to initiate the state's first preschool program for gifted and talented children. The Oconee County school district, which was selected as one of five sites in the nation to receive the services of the National Leadership Training Institute on Gifted and Talented Children under their Accelerated Learning Program for High Abilities (ALPHA), developed this innovative project for children aged three to six in conjunction with an existing ALPHA program in grades one through twelve. The preschool program has enabled gifted and talented children to be served from early childhood through high school in a sequential program without interruption.

A major emphasis in this demonstration program has been early identification of the gifted and talented child. A combination of diagnostic tests and assessments are used to determine a wide range of cognitive abilities in identifying both the academically and the creatively gifted child. Based on recurrent testing, the procedures developed for the selection process have proved to be 90 percent accurate.

A distinctive aspect of this program is its curriculum. This employs innovative teaching methods and classroom procedures based on the movement of children through seven specific developmental levels. As a result, the regular classroom setting can be used with some supplementation in resource rooms. The gifted and talented child is placed in the district's existing preschool program—kindergarten or comprehensive child development—where teachers have been provided the necessary skills to meet the needs of these chidren. To provide an enriched extension of the regular classroom, resource rooms are staffed by other specially trained teachers.

The curriculum of this program allows for mainstreaming the child, with special supplementation. Since mainstreaming has recently been recognized as particularly important for education of the handicapped child, the basic concept and procedures of the gifted and talented curriculum may have a potential application in the education of other groups of exceptional children.

Now in its third year of operation, the Oconee program is serving 64 gifted and talented preschool children. This ARC-initiated program, which has proven to be a successful demonstration, was selected for presentation to the first International Conference for Exceptional Children.

Tennessee

Governor Ray Blanton

For many years I have been an advocate of improved health and education services for children in Tennessee and of the family environment in which children are raised. During my almost four years as Governor I have attempted to affect significant improvements in the number and quality of services available to children. And since 1975 Tennessee has made substantial advances in its child development programs. From a period in which services to children in Tennessee were at a low level and relatively uncoordinated, we have moved to the point where we can proudly say that a service delivery mechanism that addresses the needs of children is in place and is functioning.

These changes have been realized largely as a result of three major developments, all directed to increased program efficiency and effectiveness. The first of these was the implementation of a child development act which was passed by the General Assembly in 1974. This legislation created an office of child development within the Governor's office and brought into being the improved services we now have.

The second development was increased coordination of children's services among the departments of state government. Many agencies provide services, direct and indirect, to children. But it has only been within the last three years that we have achieved a satisfactory level of coordination. We operate on the principle that "the whole is greater than the sum of the parts" and this can be best achieved by coordination of services.

The third area of improvement has been the regionalization of service delivery. I have always felt that services can best be provided in the field, where our people are close to the problems. By establishing a child development office in each of our nine development districts we have been successful in taking our services closer to the children.

Several specific improvements have come as a result of our child development programs in Tennessee—the regional perinatal care system which has been established, the creation of foster care review boards, multidisciplinary child abuse teams and the Child Passenger Safety Act of 1977. These and other programs are described in the following material.

We have concluded that local, state and federal revenues will never be sufficient to support the level of services that we desire for our children in Tennessee. As a result we are concentrating increasingly on the family economic situation. By focusing on increased jobs and incomes for Tennessee families, we feel that greater responsibility for child development services can be shared by families.

Tennessee Cares for Her Children

It has been said that our children are our most precious resource. Everyone believes it. Do we plan services for children with that precept in mind? We know, too, that the investment we make in our children will be realized in years to come. Do we invest our state and federal dollars as if that statement were really true?

Tennessee can proudly say she cares for her children. Children are a rich natural resource. We also have a moral and ethical responsibility to ensure that all our children reach their fullest potential. Many hours are given each day to the future of today's children. Professionals of many disciplines, paraprofessionals and parents who give the precious commodity of love join in this important work.

We care by providing an administrative network designed to promote services to children and to enhance their growth and development. During 1970 and 1971 the Appalachian Regional Commission (ARC) provided planning grants for the interagency committee on child development to begin its efforts. This committee had the responsibility of administering, planning and evaluating the ARC child development program in the 50 counties which comprise the Appalchian portion of Tennessee. In 1974 the legislature created the office of child development in the Governor's office. In January 1975 the responsibilities of the office were broadened by legislative mandate to include providing for a comprehensive child development program for all children in the state from birth through 18 years of age.

The legislative mandate provides for nine regional child development coordinators, one in each of the development districts. Regional child development councils composed of a balanced combination of professionals, parents, public officials and representatives from business, labor and civic organizations, have the responsibility of developing and implementing a regional child development plan. These plans are developed in three phases: resource survey and needs assessment, prioritizing of need with specific goals and objectives, and strategies for implementation of the plan. In its first year of development, the regional planning process for children's services has improved the coordination of service delivery.

Through this administrative network, we are beginning to gather accurate data on children in Tennesse and the society in which they live. Approximately 1.4 million children live in Tennessee, constituting 33 percent of the 4.3 million persons in the state. Children under six years of age comprise 9.2 percent of the population. Over 40 percent of the women with children under six are in the labor force and generate a heavy demand for child care services.

Newborn Services

We care by providing adequate health resources to ensure a high quality of life for each child. The state's infant mortality rate has declined by 31 percent since 1970. ARC funds have enabled us to bring improvement in three areas.

A neonatal intensive care nursery was begun with ARC dollars in 1970 at the University of Tennessee in Knoxville. The creation of this unit enabled over 250 infants in crisis to be served annually. Realizing that maternal, fetal and neonatal mortality rates can be reduced if high-risk maternity patients and their newborns are identified early, Tennessee began to design and implement a network of regional newborn intensive care units.

In 1974 the legislature passed enabling legislation that began the effort toward the regionalization of newborn services. Money for this program was appropriated in 1977. The newborn advisory committee in cooperation with the department of public health proceeded to develop regionalization of high-risk newborn services. Located in the four major metropolitan areas of the state, these centers provide the highest available level of newborn health care. Through a well-developed outreach and educational program, rural physicians and hospitals are linked to the regional centers. A collaborative effort with the department of safety has brought into being a vehicle network for newborns requiring transportation to the regional centers.

The statewide perinatal program in 1977 provided newborn intensive care services to 2,640 infants and obstetrical services to 1,050 high-risk mothers. About half the babies cared for in the perinatal centers were born to teenage mothers. In addition to the patients served in the centers, there were 2,000 obstetrical and newborn consultations with noncenter physicians and nurses. Training in the care of newborns and in obstetrics was provided to 896 nurses and 219 physicians. In addition, 55 rural hospital visits were conducted by the obstetric and newborn directors of the regional centers for training and evaluation of services.

State funding for this program was $997,500 for the newborn units and $420,000 for the obstetrical programs, for a total of $1,417,500. The estimated total operational cost for the four centers is $20 million. This includes state funding, Medicaid, private insurance, hospital funding and private patient fees.

Appalachian Regional Commission funds also have assisted the department of public health in developing a nurse-midwifery program. This program provides comprehensive care to mothers and babies throughout the maternity cycle, with special emphasis on education and preventive health measures among pregnant women. The Holston Valley project, supported by $75,000 in ARC funds, provided care to approximately 450 women. Total annual cost for this program is approximately $250,000. The west Tennessee program, located in Dyersburg, served 250 women.

Many babies from these projects are referred to the third major area in which ARC dollars have given major support—the home-based child development projects,

These programs are primarily home intervention programs that use interdisciplinary teams to provide comprehensive physical, social and intellectual services. They reach some 4,500 children from birth through six in 29 counties of Tennessee. Nurses, caseworkers and child development educators work with parents to strengthen and promote their parenting skills. Well child services and support are provided along with information and referral services. During regularly scheduled visits to the home, project team members work with parents to provide early education activities, developmental screening, in-home counseling for social services, referrals and improved nutrition. Total cost for this program is $1.95 million. ARC provides $265,000, the state $792,000 and the remainder comes from Title XX of the Social Security Act.

Educational Resources for Children

We care by providing educational resources which focus on the individual needs of the child. Recognizing the importance of the early childhood years, Tennessee has attempted to develop a child care delivery system sufficient to meet the needs of every child requiring out-of-home care. It is seemingly an impossible task. Based on a 1978 survey of day care in Tennessee conducted by the Governor's Office of Child Development, there is a critical need for expanded day care.

Currently, there are 1,438 licensed day care facilities, including family day homes, group homes and day care centers. These facilities have a licensed capacity of 57,272 with an enrollment of 54,586—a 95.3 percent enrollment rate. Infants aged six weeks to two years comprise 12.3 percent of the population in care. Handicapped children comprise 4.9 percent of the children served. Based on population and labor force estimates, 32.2 percent of the need for day care is being met by licensed facilities. It is estimated that 46.6 percent of the need in the four metropolitan areas and 21.7 percent of the need in the remaining counties of the state is being served by licensed day care facilities.

Early childhood projects are an increasingly important part of the educational structure as a whole. Public school kindergartens enrolled 62,905 children in the 1976-77 school year. Thus, approximately 117,000 children under six years of age were enrolled in some type of educational program.

The need for alternative forms of child care has been evident in recent years. Day care centers cannot meet the needs of all young children and their families. Programs like Donner-Belmont Day Care in Nashville and Community Day Care in Elizabethton have developed center-based care and family day home care in satellite programs. They also provide school age day care before and after school. These programs are meeting the needs of families with more than one child.

The development of programs for handicapped children has been a difficult task. There are problems of staff development, high operating costs, stringent federal and state regulations and fire code standards. Of the approximately 54,000 children enrolled in day care programs, only 2,700 are identified as handicapped. Another 426 children enrolled in Head Start programs that are not licensed by the state have been diagnosed as handicapped.

New state and federal programs for the handicapped are enabling states to better serve these children. In 1977 public schools in Tennessee were serving 95.3 percent of all children identified as handicapped. This represents 108,292 children with varying handicapping conditions.

Over $5 million in ARC funds has been used in Tennessee during the last five years to develop comprehensive day care programs in Appalachia serving nearly 2,500 children annually.

Social Services for the Family

We care by providing a social service delivery system that focuses on the needs of the family. Many families are considered to be in crisis today. The divorce rate in Tennessee has increased from 6.6 per 1,000 in 1967 to 12.8 per 1,000 in 1976. This represents an actual increase of 113.3 percent in the number of divorces during this nine-year period. Over one half of those divorces involve children. Divorces involving children are increasing at 5 percent a year. In 1970 of the 1,020,300 families in Tennessee, 186,326, or 18.3 percent had incomes below the poverty level. Over one-half million families have children under 18 years of age, and 19.5 percent of them live in poverty. This represents 325,489 children under 18. Nearly 63 percent of female-headed families lived in poverty.

The department of human services, through its regional and county offices, provides a broad range of services for these families. They include counseling, employment counseling and training, family planning, homemaker services, money management assistance, family life education services and services designed to reunite families. A large number of United Way agencies provide additional resources for these families.

The family crises in our society raise two major problems in the lives of many of our children: foster care and child abuse and neglect. Tennessee has been a leader in developing comprehensive programs to address these problems. In 1973, 4,569 children received foster care services. By 1977 this figure had increased to 5,700 children, an increase of 24.8 percent. In 1973, 2,657 children remained in care at the end of the year; in 1977, 3,647 children remained in care at the end of the year. This represents an increase of 37.3 percent.

To deal with this increase in children remaining long in care, the General Assembly passed legislation in 1976 creating foster care review boards composed of five to seven citizens. These boards are under the jurisdiction of juvenile court judges. Where caseloads were not sufficient to warrant the creation of an individual board for each court, multicounty groupings were formed. A plan

for care is required for every child in custody, and these plans are considered annually by the review boards. This is designed to prevent children from remaining in foster care for long periods of time, except where long-term care is deemed necessary for the benefit of the child.

As family pressures increase, the child often becomes the victim of the frustrations and anxieties of the parent. In November 1976, 17,801 children were receiving protective services in Tennessee. By May 1978 this number had risen to 28,295, an increase of 59 percent. About 7 to 10 percent of protective services are for child abuse. The remaining cases result from neglect. The increase in the caseload for protective services is due in part to increased public awareness of the problem, increased training and education by the department of human services and an improved reporting procedure in schools, hospitals and the department of human services. However, nearly half of all referrals are validated.

In response to this increasingly alarming problem, the legislature established multidisciplinary child abuse review teams in 1977. Composed of a representative of the department of human services, a physician, a psychologist or psychiatrist and a social worker, the teams have the responsibility of reviewing all cases in which an investigation by the department has resulted in a report of child abuse to a juvenile court. In reviewing cases the teams provide both diagnostic and prognostic services. Each team works with the department in developing a treatment plan both for child and for the parents or other persons responsible for the child's care. As of June 1978 there were 42 multidisciplinary child abuse teams in the state. They have reviewed about 5,300 cases since their inception.

Every child has a right to live in a world protected from physical, mental and emotional harm. We have designed programs to help prevent family stress and to help families remain together.

We care by providing a safe environment for our children. In 1977 Tennessee proudly became the first state in the country to enact a child passenger protection law. The leading cause of death among children in Tennessee and in the nation is automobile accidents. More children die from automobile accidents than from leukemia, heart disease, muscular dystrophy or any other disease.

In Tennessee, more than 1,000 children under five years of age are injured each year in automobile accidents. About 35 are killed. With proper restraining devices in automobiles, it is estimated that 90 percent of the deaths and 80 to 90 percent of the injuries would not occur. The child passenger protection law requires parents and guardians of children under four years of age to provide for their safety while riding in an automobile.

Through a massive public information and education program, we hope to provide safe travel for our children. We believe that Tennessee's farsighted legislation for child passenger protection will encourage other states to develop similar programs.

We care by continuing to make provisions for the children's world which encourages each child to discover his or her widest scope. We must continue our search for ways to improve the status of every child. In so doing we show that we do care.

Virginia

Governor John N. Dalton

The Virginia strategy for programs in our Appalachian region has been directed at using Appalachian Regional Commission (ARC) funds to improve its economic development. In order for economic development to continue, we must attack a broad spectrum of problems, giving attention to the most immediate needs of the region. Through a priority system, we have thus been able to implement programs through ARC funding in the human service areas of health and child of development.

As economic development continues and if the current generation of children are to benefit from it, they should have access to health care and opportunity in job skills training for existing and new industries. These and future generations in the Appalachian region should have a chance to contribute to their own economy, which benefits all Americans.

The effective delivery of human services is a complicated and ever-evolving process. In general this requires assessing community needs, planning programs to address these needs, implementing and evaluating the effectiveness of services, adopting more effective alternative programs, if necessary, and coordinating existing efforts between organizations who are also providing services, to prevent overlapping and duplication. The intended result is of course the most efficient delivery of services to meet community needs.

Child health care includes preventive programs—parent education, early periodic screening, diagnosis and treatment—and has shown to be effective in reducing potential child abuse, neglect, poor nutrition and health. If the new generation is to be healthy, then early attention is necessary. The handicapped child should not be forgotten in this process. Experience has shown that proper training and education can allow these children to become productive contributors to society and to the economy.

We must keep in mine that tax dollars cannot and should not attempt to provide every service needed by our people. Volunteer organizations, civic groups, churches and private contributions are far more capable and more efficient in giving services to our people. Wise decisions about public service call for identifying needs and placing them in the taxpayers' priorities. The needs of today's Appalachian family have many social and economic aspects that should be viewed in their relationship to total community needs.

We all recognize that socioeconomic, health and education deficits in the Appalachian region affect its young children in damaging ways and with long-term high economic and social costs. The Appalachian Regional Commission objectives for child development programs are commensurate with improvement to all child health services but should not be viewed as the single program for such improvement. ARC resources are best used as initial financial support with a plan for self-sufficiency in each project. Other resources must be coordinated for maximum program efficiency. Public resources are not the only avenue for implementing child development services; private sector involvement and voluntary programs must also be included.

Effective and innovative child development programs have been implemented in our Appalachian region as well as other areas outside the region. A general overview of some selective programs have been included for the interest and benefit of any other state. More specific details are available on each program upon request. Common knowledge and discussion of common problems benefits all of us.

A sound child today helps build a sound tomorrow.

Early Childhood Development Program

The Cumberland Plateau early childhood development program was initiated in September 1972 through an Appalachian Regional Commission (ARC) grant to provide services to children in a portion of a four-county Appalachian demonstration area. The service area consists of Buchanan, Dickenson, Russell and Tazewell Counties, located in the far southwestern part of Virginia. The counties cover about 1,848 square miles and have a combined population of 126,000

The applicant for the grant was the Cumberland Plateau early childhood development authority, a nonprofit corporation created by the executive board of the Cumberland Plateau Planning District Commission. The authority was composed of members of the boards of supervisors of each county and members of other involved interested agencies of the four-county area.

When the program began in September 1972, the 1970 census figures revealed that there were 12,249 children under age six in the area to be served. Of this preschool population, 691 children were enrolled in kindergarten, 340 children were in Head Start and 50 children attended day care centers. The remaining 11,168 children, comprising 91.2 percent of the preschool population, were not being served except for those few eligible for services from local health and social services departments. The area also had been declared medically underserved by the U.S. Department of Health, Education and Welfare.

During the first four years of the program, September 1, 1972, to August 31, 1976, the program funds were supplied by ARC on an annually diminishing basis, with matching dollars provided by the local boards of supervisors in each county. At the end of the four-year period, $814,731 had been provided by ARC. The localities had provided an additional $148,122, for a total project cost of $962,853. Beginning September 1, 1976, the program began to operate without ARC funding. Approximately $15,000 was appropriated by each locality to provide the necessary matching share for Social Security Act Title XX funds through the department of social services. The program has operated since 1976 on a yearly budget of $180,000.

The program was designed to serve area children from birth through five years. The philosophy of the program is based on ample evidence that children with delayed development are likely to continue to fall behind their age group without special care. The program was the first step toward ensuring that children found to be performing below their developmental levels would be identified and stimulated before reaching school age.

One goal is to make the public aware of the project and its purpose and services and also to disseminate information and materials to parents which will increase their ability to monitor their children's growth and development. This is accomplished through newspapers, radio and television. Presentations are also made to civic groups, service agencies and other interested citizen groups. Brochures and pamphlets are placed in local health and social services departments and in the offices of private doctors and pediatricians.

For the first four years all children under six who were referred to the program were screened and diagnosed. Today, because of limitations placed on the program under Title XX funding, only those children eligible for Title XX services are screened and diagnosed. The purchase of services agreement between the program and the social services department does not allow for any reimbursement for services provided to noneligible children.

The program provides in-depth stimulation training for the child by training the mother to be a more effective change agent and teacher of her child. Eleven paraprofessional home visitors are currently working with 250 children under six through weekly one-hour visits in the child's home. Each home visitor is supervised by one of three child development specialists.

An important part of this at-home program are the parent workshops held in each county on a monthly basis. Home visitors plan group activities for the children while the professional staff provides workshops for the mothers. The socialization that occurs during these workshops is important to the children's development. The materials and mother-made toys and games created during these workshops are used by both the home visitor and the mother in children's weekly activities.

In order to be accepted into the program, children must be under six and meet the other criteria. The child's needs are determined by a developmental screening test and from information gathered on the child's social, family and medical history. The family's gross income must be below the amount set forth in the Title XX income guidelines.

Funded as an ARC demonstration, this program has enjoyed a tremendous success. The project has demonstrated the need for the continuation of home-based services to the preschool child. It is also a testimonial to the success of Appalachian Regional Commission monies. The program is now being maintained by local effort and other sources of funding.

A Regional Child Development Center

The regional child development center at Big Stone Gap, Virginia, began in November 1970 in a borrowed corner of the Big Stone Gap Presbyterian Church. It was a dream of a community-minded group of citizens who were the parents of four severely handicapped children. The Virginia Corporation Commission issued a nonprofit corporate charter on November 4, 1970, creating the first Virginia program serving multiply and severely handicapped children.

In the first year, the program relied on volunteer

Bill Blanton

labor and donations to serve 14 children. In 1972 the first of seven ARC grants was awarded. Forty-seven children were served in a center and through a home program during this initial funding cycle. The first year also served as a germination time for the first class for the trainably mentally retarded in the Virginia public schools.

After this initial push from ARC, things happened rapidly in "the little program that grew." The 1973 funding year brought increased money from ARC. The program grew from one center and a staff of ten to four centers with a staff of 30. Seventy-eight children were served in the 1973-74 school year. Additionally, new classes for the trainably mentally retarded were created in the public schools to serve older children discovered by the regional child development center program.

As new needs, new children and new problems were uncovered, additional funding was obtained. In 1974 the Virginia Department of Mental Health and Mental Retardation provided the matching portion for the two ARC projects. With this new funding the program was given more stability. Additional technical assistance was obtained from the mental retardation services board and from the state monitoring teams and 89 children were served during the year.

The 1975-76 school year brought a need to become self-sufficient. With the implementation of Virginia's special education mandate, ARC funding terminated and the program was forced to seek other resources. Work was begun on Title XX funding and tuition assistance grants through the public school divisions. From 1976 to 1978 funding was arranged through the department of mental health and mental retardation, from Lee, Wise and Scott Counties and from the City of Norton.

The program began its ninth year of service on September 15, 1978, with a new emphasis. With the implementation of Public Law 94-142, funding for school-aged children became increasingly more difficult to arrange. Public schools, by law, had to assume more and more of the responsibility for serving multiply and severely handicapped children. In order to take advantage of the support available through Title XX and from the department of mental health and mental retarda-

tion, a transition-year program was arranged. This will be a demonstration year for transferring the center-based program to the local school divisions. At present there are 74 children enrolled in the program.

Through the efforts of the community, and with the support of state and federal agencies, the program has grown to be the largest in Virginia serving multiply and severely handicapped children. The center is now licensed by multiple state agencies and has won national recognition.

Big Stone Gap has achieved many goals in addition to delivering quality services to children. The program developed its own curriculum for use in an education speciality in which no suitable curriculum materials were available. The *Big Stone Curriculum* is in wide use in southwest Virginia and in other programs throughout the state. It is now in its third printing. The center also has developed an excellent in-service training program. In 1972 qualified personnel for programs serving the handicapped were virtually impossible to find. Now there is a core group of over 100 professional and para-professional people, highly trained and competent to train severely disabled youngsters within the region.

The program began with a strong focus on children and their families. The objectives was to work with the total child—his environment, his intellectual capacity and his physical development. Services available from many sources are brought directly to bear upon the children's and families' needs.

The program is also responsible for initiating several annual events that have become area institutions. What began as an end-of-year picnic for the children of the regional child development center has grown into an annual gathering for every handicapped person in the region. It has become a forum for children's rights, bringing needed public visibility to the handicapped and providing a gala social day for upwards of 400 children and their families. Another annual institution founded and maintained by the center is a week-long camp for multiply and severely handicapped children. This camp, dubbed "Camp-Wear-em-Out" by the staff, marks the first time that anyone has been courageous enough to take 50 severely handicapped children away from home into a rustic setting for an entire week. The response from the community has been stirring. Local sheriff's departments and local emergency service personnel have responded by putting their entire departments on alert status during camp to provided entertainment for the campers. Physicians and local hospitals have agreed to be on-call and have used the camp as a training ground for "first-response" drills.

To date approximately 175 children have been served by the program. Many have been placed in public school kindergartens or first grades, in trainably mentally retarded classes, emotionally mentally retarded classes and Head Start programs. Follow-up reveals that these children have been given an impetus that cannot be downed.

West Virginia

Governor John D. Rockefeller IV

The idea of raising a new generation of children whose opportunities for economic prosperity and social well-being are better than ever before is a particularly worthy challenge. The idea, of course, is neither new nor revolutionary. I am sure I can say without fear of reproach that it has been the goal of every generation to try to make the world a better place for the next. This is not to say that meeting that goal has been easy or, for that matter, attainable. The people of Appalachia know as well as those in any other area of this country how difficult it can be just to maintain an adequate standard of living. Yet, the renewed importance of Appalachia's natural resources would seem to point the way for significant economic growth and, therefore, a chance for our children to develop to the fullest of their abilities. How then, are we to see that they reach their potential?

Education has been the traditional method by which one generation helps the next to better its circumstances. I am sure everyone has read stories of parents who have made great personal sacrifices so their children could be educated and have better lives. In West Virginia, we, too, are impressed by the importance of education in child development. But at the same time, we realize that education is not the only answer. Education is part of the pattern, but not the whole pattern. Rather, successful child development involves the whole family. Our approach is comprehensive. Our child development projects involve education, nutrition, preventive health care, social services and much more. All of these programs focus on the family as the primary vehicle for stimulating child development. Family life continues to be of prime importance in our part of the country and we are committed to promoting and strengthening family life wherever possible.

There is another emphasis in West Virginia's many child development programs, and that emphasis is on early intervention. As you read this section, take time to note how many services are available to children at an early age. Just as we recognize that good health, social well-being and education go hand-in-hand, we also know that finding developmental problems and correcting those problems at an early age can prevent much more serious trouble as the child grows older. A keystone in this effort has been the redirection of our maternal and child health care programs to lessen the incidence of acute care through greater emphasis on education, prevention and maintenance.

Finally, foremost among our child development projects are those whose emphasis is upon children with special needs. Our agencies, sometimes with the help of the private sector, provide dozens of services for children with special needs.

But there is more to be done. Recently, I assigned the West Virginia Department of Welfare to administer a disabled children's program. There are more than 1,200 Supplemental Security Income Act children in West Virginia who can benefit from this federally funded program, which provides evaluation and social services to blind and disabled children. Another program which reaches out to children with problems of another nature and which also is fairly new is called "Mom's Day Out." This program helps children who have been subjected to parental abuse or neglect by helping their mothers break out of the patterns of physical and emotional isolation that can strain family relations and lead to abuse and neglect.

Other projects are sure to develop. And as they do, our focus will continue to be on the entire family.

In West Virginia, we believe that is the best way to promote the development of our children.

West Virginia Child Development Projects

West Virginia's Interagency Council for Child Development Services (ICCDS) was formed by Executive Order in 1972 to provide comprehensive child development services to children below age six. Each of the major state agencies—health, mental health, welfare and education—worked together to provide coordinated, interrelated services. Although ICCDS no longer functions as a coordinating agency, the child development programs continue to provide services to children aged two to five. Each state agency has assumed responsibility for the projects under its jurisdiction. Through cooperation between agencies, each continues to provide coordinated services.

The following presents a brief description of the three programs developed under department of education auspices.

Region III child development services operates in nine counties—Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam and Wayne. In this preschool handicapped home-based program, three certified special education teachers serve a nine-county area, making weekly visits to the homes of handicapped children from birth to age four. A prescriptive program is planned for each child and carried out by the parents.

A speech pathologist works in Cabell, Lincoln and Wayne Counties with children who have special speech or language problems. Other services such as medical examinations, psychological evaluations, and corrective devices are arranged for by the staff through existing agencies or by contracting for the needed services.

The preschool center for handicapped children at Point Pleasant is a cooperative effort between Region III and the Mason County Board of Education. In addition to an education program with a certified teacher and two aides, children with speech problems receive daily therapy from a speech pathologist. Speech and hearing screenings and medical examinations are also provided.

There are two center programs in the day care project that provide care for the children of parents who work or are in training. One center, at the Ben Franklin Career Center in Dunbar, is operated in conjunction with the Kanawha County Board of Education. This center not only provides day care for 20 children two, three and four years old, but also serves as a laboratory for Ben Franklin students enrolled in a two-year child care aide training program. The other center, serving 40 two, three and four year olds, is operated in cooperation with the First Presbyterian Church of Huntington. Marshall University places eight student teachers in this center each year. Both child care centers are staffed by certified teachers and aides. A developmental educational program is part of the quality care provided for children.

Another component of the day care project is the home-based parent education program. Two parent educators visit weekly in the homes of parents of children up to age four. Parents are guided through a series of activities designed to stimulate the children's development. Materials and suggestions for the parents' use are left in the home to carry out a prescribed development program.

The focus of all the child development efforts is on early intervention. The underlying philosophy of Region III child development services is that all children can reach their full development potential, given appropriate experiences and supportive families. The premise is that health, social and educational services are all of equal importance in the development of the child. Coordination of available services is emphasized in an effort to eliminate gaps and overlaps.

During the first two years, funds were provided by the Appalachian Regional Commission (ARC) (25 percent) and under Title IV-A of the Social Security Act (75 percent). Funds for the third and fourth year were provided by the state department of education, the department of welfare (Title XX, Social Security Act) and the Appalachian Regional Commission. Last year and during the current year, the cost has been shared by the department of education and Title XX. These funds are channeled through the West Virginia Department of Education to the Cabell County Board of Education, which serves as the fiscal agent.

The Region III projects are administered by a board of directors comprised of representatives from the health, mental health and welfare departments, a school superintendent from one of the nine counties and a representative from each of the four colleges in the area. The child development board is responsible for project planning and program supervision. Fiscal management is the dual responsibility of the board and the department of education.

Regional Education Service Agency (RESA) VIII child development services is an early education, at-home program in eight eastern counties: Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan and Pendleton. The purpose is to identify learning-handicapped children through age four and to provide an individual educational program for the child in a home setting. Services are provided for young children who are high risk developmentally due to physical or mental handicaps or limiting environments.

The program includes an individual instruction plan for each child with developmental delays or other handicaps. Work with the children in their homes and in the presence of the parents provides both with an educational agenda. Materials to be used by the parents are provided on a weekly schedule.

Workshops, meetings and seminars are held with parents to improve their parenting skills. These provide staff training opportunities for teachers, aides and other service personnel. A child development teacher in each county cooperates with local health and social service agencies in locating the eligible children and visiting homes to explain the program and complete enrollments.

Each child is assessed by informal and formal evaluation techniques. An individual educational program is designed for the total effective, cognitive and psychomotor development of the child. Each teacher serves 15 to 18 families, making weekly visits to homes to work with the children in the presence of the parent. Developmental learning materials and weekly educational plans are provided for the parents to carry out the program with the children until the teacher's next weekly visit.

Field trips and group experiences are conducted with the project children and parents throughout the year. Parent meetings are held periodically to discuss child growth and development and to impart information that will help in the parenting role. The regional staff provides in-service training for administrators, teachers, aides and agencies in understanding child growth and development.

Originally financed by ARC, the project is currently funded by the West Virginia Department of Education and, in part, under an agreement with the West Virginia Department of Welfare using Title XX funds. In 1979, $180,222 will be received for the operation of the program.

The target group in 1978 included 140 children up to four years of age who were direct welfare recipients, were from low-income families or were handicapped. The clients included 150 parents or other family heads visited in the homes. Some 200 educators and 75 child service workers of state agencies received in-service training.

Materials and publications include ten learning units in specific topics. Each contains activities for the development of motor, cognitive, self-help and social skills. A group of creative play items called "Pandora's box" includes games and toys to be made by the children and their parents from items in the home, fingerplays, art materials and songs for the autoharp. These were developed by the education-at-home staff with funds from the U.S. Office of Education under Title III of the Elementary and Secondary Education Act.

To maintain creative learning activities during the summer months, there is a "bucket of fun"—a plastic pail filled with play ideas keyed to a calendar to guide parents in maintaining developmental activities.

The project also has developed a curriculum resource file in seven categories, including language arts, mathematics, social studies, perceptual motor skills, science, creative arts and nutrition and cooking.

Project PUSH

Under the auspices of the Mineral County Board of Education, Project PUSH has provided services to numerous agencies and individuals dealing with young handicapped children throughout the Appalachian Region.

A resource access project is funded by the administration for children, youth and families. It assists Head Start programs in Maryland, Virginia, West Virginia, Delaware, Pennsylvania and Washington, D.C. in improving services for handicapped children. The project works directly with local program leaders to help them identify their needs and works toward meeting them. The program also conducts state level training workshops and publishes a quarterly newsletter.

In collaboration with the Appalachian Regional Commission's education satellite program, PUSH developed a three-hour credit course, "Teaching the Young Handicapped Child: An Overview." The course was broadcast for two semesters in 1977-78 over satellite television and will be repeated in the fall and spring semesters of 1978-79. Various colleges and universities throughout the Region grant credit. The PUSH staff provides materials and support to the participants. The PUSH director serves as the television moderator and course instructor.

The Central District Mental Health Center, Inc., serves Braxton, Doddridge, Gilmer, Harrison and Lewis Counties by providing training to children and parents. The aim is to place children in a public school setting by the age of five.

Our KIDD center serves all handicapped children up to the age of two in a five-county area. We use parent training to enhance the growth and development of the children.

The Open Door School is a preschool for children two to five years old. The children attend classes daily and receive training in all developmental areas. A modified Montesssori classroom has been created for higher-level handicapped children. Parents are trained to familiarize them with the skills their children learn in school.

The Appalachian Mental Health Center children's program based in Elkins serves Barbour, Grant, Hardy, Mineral, Pendleton, Pocahontas, Randolph, Tucker, Upshur and Webster Counties. The program is in its seventh year and derives its fund from a National Institute of Mental Health Part F staffing grant, from the state, from the Appalachian Regional Commission and from fees and local funds. The children's program has carried out a rather significant consultation and education and direct service role in a ten-county, rural, mountainous region. One of the original goals was to stimulate the growth of psychological services in the area, especially in the schools which had no such services. We have been successful in this in that all ten county school systems now have their own school psychological services. Nevertheless, they still contact the center to provide consultation, education, counseling and limited diagnostic work. The children's program has been able to obtain its matching funds through receipts for contracted services.

During 1977 the children's program served 517 children in an outpatient treatment capacity and saw

410 others in counseling in the schools. The program carried out 359 psychological evaluations and 132 learning disability evaluations. During 1976-77 the staff consulted with school personnel regarding 1,035 children.

The children's program carries out various in-service training activities at the four children's homes and in nine Head Start programs. It provides teacher and nurse training in its therapeutic preschool.

Shawnee Hills Regional Center

The Shawnee Hills Regional Center in Charleston provides a variety of services to residents of a four-county area. For infants through age three who have been diagnosed as mentally retarded, or for whom there is a high risk of mental retardation, Shawnee Hills offers a home-based early intervention program. The goal is teach parents to provide the stimulation needed to help the infants to progress and to avoid secondary disabilities. Another home-based service is the federally funded program for severely orthopedically impaired or mentally retarded children. The service, underwritten by a grant from the bureau of education for the handicapped, is designed to take training and education to the homes of children whose physical handicaps prevent them from attending school. A day training center for severely or profoundly retarded children from age three to 20 serves those who are able to attend a daily program but are not able to function in public schools. This center concentrates on self-help, communication and physical and social development. Shawnee Hills also provides mental health services for children throughout the region. These services include Head Start consultation, outpatient counselling and play therapy.

A variety of other health programs are offered through local health offices across the state. One program for comprehensive early child development operates in the eight West Virginia counties of Braxton, Calhoun, Clay, Gilmer, Greenbrier, Nicholas, Pocahontas and Webster. It includes a supplemental food program for women, infants and children as well as an early screening, diagnosis and treatment program. The project provides comprehensive services to children up to six years old. Prenatal care includes delivery when funds are available.

The backbone of the project is the pediatric clinic. In the past year, 601 pediatric clinics were held in which 14,244 physician visits and 1,285 prenatal clinic visits were made. Over 3,200 referrals were made to private physicians. The project's vans carried 5,088 passengers a total of 111,710 miles.

From July 1, 1976, to June 30, 1977, the project provided services to 6,489 children and 932 prenatal women. These are both new records for the project. The project screened 898 children from birth to six years of age and 649 children from six to 21. These numbers are especially remarkable because very little activity took place for one month due to severe winter weather and another month was lost due to funding problems.

Improved Pregnancy Outcome

The improved pregnancy outcome program is authorized under Title V of the Social Security Act and governed by regulations for projects of regional or national significance under guidelines developed by the U.S. Department of Health, Education and Welfare (HEW).

Funds for this program are made available from the HEW office of maternal and child health of the bureau of community health services, which makes $1.5 million available to a limited number of states. West Virginia's plan for improved pregnancy outcome was approved October 1, 1976, in the amount of $365,500 per year for five years. In five designated areas, a team consisting of a nurse, social worker, nutritionist and clerk will be employed to carry out the basic objectives of the plan:

- identification of high-risk pregnant women and newborn infants
- outreach and follow-up services for adolescent pregnancies
- special services in a comprehensive program for adolescent females
- identification of areas in need of approved family planning services
- home visits, outreach and a referral system for prenatal delivery and neonatal services through schools and all health agencies
- educational services for parents, community workers and health professionals
- follow-up services for all patients involved in the program
- strong relationship with all other related programs
- identification of handicapped or potentially handicapped infants.

The Women, Infants and Children Supplemental Food Program (WIC) is designed to provided nutritious food along with nutritional education to pregnant or nursing women and their children. Monthly coupons are issued to those eligible which can be redeemed at retail outlets. These coupons are valid for a month but for certain nutritious foods only. At the present time, we have in the statewide prenatal program a projected caseload of 1,500 clients in six counties.

Vitamins, both adult and pediatric, are available through this program. Each quarter, a vitamin request is sent to all county health departments asking for their current inventories and their order for the following quarter. Vitamins are shipped to the health departments for use under the direction of the local health officer. During the past year, 54 counties requested 404 cases of adult vitamins and 4,008 cases of pediatric vitamins.

Services for Families and Children

The West Virginia Department of Welfare division of social services provides adoption services, camping for disadvantaged children, community delinquency services, day care services, emergency shelter care for children services for adolescent parents, foster care for

children, child protective services and youth services. Health services are provided by the division of medical care through the early screening diagnosis and treatment program and the crippled children's program.

What follows is a description of some of the programs developed by the department in an effort to better serve children and their families.

"Mom's Day Out" was developed by two child protective service workers stationed in southeastern West Virginia in cooperation with a volunteer from Southern West Virginia Community College. The project is designed to reach mothers who are socially and physically isolated for a variety of reasons and are in situations of potential child neglect or abuse. The goals of the program are to reach the mothers, provide them with stimulation through days out and home visits and encourage the development of social skills.

Mothers receive home visits from supervising volunteers twice a month. On alternate weeks they have a day out. Plans for the days out are made by the mothers and volunteers. An attempt is made to accommodate every mother. Transportation is provided by the volunteers and the department reimburses the volunteers for their mileage. Activities are conducted in groups and the department provides the funds. To date the activities have included bowling, shopping trips, lunches, picnics and visits to the state capitol.

To ensure that the mothers have a day off for themselves, the volunteers assist them with child care arrangements. The volunteers do not provide babysitting, however. Instead, they assist the mothers in making the necessary child care arrangements with friends and neighbors, thus expanding the mother's social contacts.

At present, the first Mom's Day Out project is funded by the department through its Title XX allocation. Five additional projects have been started and are funded through monies provided for under the Child Abuse, Prevention and Treatment Act.

Comprehensive Emergency Services (CES) is a coordinated system providing both preventive and supportive options in care to children and families in crisis. The goals of CES are to protect children, keep families together, relieve or prevent family crisis and to prevent the neglect, abuse or exploitation of children.

CES was begun as demonstration program in Nashville, Tennessee, and was supported by federal funding The success of CES in Nashville so impressed the West Virginia Department of Welfare that a decision was made to implement a CES program in Kanawha County.

The department contracted for planning services with the community council of Kanawha Valley, the planning arm of the local United Way. The community council, in turn, employed two project planners and assigned one planner to work with the local child protective services staff and one to work with local service providers.

To date these planners have helped develop emergency shelter services for families in crisis. As part of this component of CES, a number of service providers have agreed to assist families in crisis as needed. Thus, there is no waiting period or delay in the receipt of services. Implementation and operation of CES should be completed in 1979.

Community-Based Multidisciplinary Teams. It is not possible for a child protective service worker to be an expert in medicine, law, economics, psychology, psychiatry and a host of other disciplines. And yet, families who abuse or neglect their children often require the knowledge and skills of many practitioners.

To secure assistance from a variety of practitioners, the department, in conjunction with other state agencies and private service providers, is sponsoring the formation of community-based multidisciplinary child abuse and neglect teams. As part of this effort selected communities are being encouraged to form resource consultative teams.

The teams are groups of professionals who agree to regularly review selected cases. During the review the professionals examine the family and its problems, study the services already provided and assist the social worker in developing a detailed treatment plan.

To help interested communities, staff from the department of welfare and other agencies developed comprehensive guidelines for the establishment of teams. The guidelines contain material on team formation, team composition, team operation, record keeping and sample forms.

Paraprofessional Day Care Project. Family day care—child care provided to small numbers of children in private homes approved by the welfare department—is particularly well suited to the needs of families in rural West Virginia. The population is scattered and many parents prefer personal child care arrangements, often relying on neighbors as day care providers. Because of these factors, only a handful of day care centers exist in the state.

In 1973 the state day care office of the department of welfare commissioned a study of the day care needs of West Virginia. The study confirmed that the future of day care in West Virginia lay with family-based providers. But it found that these providers were poorly trained and were offering the children primarily custodial care. Based on the study's recommendations, the state day care office began a statewide day care enrichment effort.

The first two phases, begun in 1973, involved inspection of the family day care homes under more rigorous standards of health, nutrition and safety. The third phase, called the paraprofessional day care project, is an innovative effort to enhance the child care skills of the family day care providers. Through this project, paraprofessional advisors, many of them former welfare recipients, visit the homes of family day care

providers on a biweekly schedule for 15 months. They teach the providers about the growth and development of children from infancy to age 14 and help them use the information to assess each child's capabilities and to plan an appropriate curriculum.

Following the study, the state day care office contracted for a training program design to be used by the paraprofessional advisors in the homes of the providers. The program covers sensory-motor, language, social-personal and cognitive development in children from infancy to school age; the development of an age-appropriate curriculum; the assessment of the learning needs of individual children; and work with children with emotional and physical limitations. The program also includes instruction on parent involvement and day care administration.

In 1974 the state day care office received a research and demonstration grant from HEW to implement the paraprofessional day care project in four pilot regions of West Virginia. State day care staff members—social workers and professionals in related fields—trained area day care specialists, who in turn trained the paraprofessional advisors. By July 1975, 18 paraprofessional advisors, each with 15 family day care providers to train, had been hired and instructed in the use of the materials, and were ready to begin their home visits. An increase in the reimbursement rate by the welfare department at the completion of training was an incentive to the providers.

The state day care office used two methods to evaluate the project—internal mechanisms and third-party evaluator. The office evaluated feedback from all participants in the project and designed a research study using students to observe the differences in the quality of care given by trained and untrained providers. The internal evaluation led to revisions in the sequence of the training units and to an increase from 15 to 20 in the number of providers to be trained by each advisor. Early research findings indicated significant differences between trained and untrained providers. For example, trained providers decreased negative and increased positive interactions with the children in their care.

Peat, Marwick, Mitchel and Co., a management consulting firm, was the third-party evaluator. Its job was to assess the feasibility and desirability of statewide implementation. Based on this study of objectives, cost, the impact on the quality of home-based care and the state office's plan for statewide implementation, the firm recommended introduction of the project in the welfare department's remaining 23 regional areas. In a summary of its final report, the firm described the training program as an extensive, impressive effort and definitely a high-quality training program which should serve as a valuable resource in West Virginia. Overall, the units teach providers the content of a comprehensive basic college course in early childhood education.

In August 1976, the pilot stage of the paraprofessional child care project was completed. In October

Bill Blanton

1976 the state office began the process of statewide implementation.

Child Care Food Program in Family Day Care. Since July 1978 the West Virginia Department of Welfare has sponsored the child care food program for family day care homes statewide except in four counties. This program furnishes aid to approximately 2,200 family day care providers who care for 3,600 children. The program is funded by the U.S. Department of Agriculture under the National School Lunch Act and the Child Nutrition Act of 1966, Amendments of 1975, and is administered in West Virginia by the department of education. The program holds vast potential for improving the quality of day care in West Virginia. By setting nutritional guidelines and program objectives and by then offering financial incentives to adhere to them, a higher quality of nutrition is achieved.

School Age Parents Program. School age parents, those between the ages of ten and 19, accounted for approximately 25 percent of total births in West Virginia in 1977. In recognition of the numbers of youngsters involved—the 6,500 young mothers and their partners and others whose pregnancies were terminated early, either by accident or by design—the department provides several services which directly and indirectly aid this group.

Most notable is the adolescent parent project, a demonstration program that provides teams of case workers in the positions of teacher, social worker and case aide to each of three area welfare offices. The teacher's role is to present classes in the prenatal and postnatal care of both mothers and children in infant development and infant stimulation. The teachers offer tutoring in high school studies. The social worker concentrates on the interpersonal sphere and on securing services required by the family from the department of welfare and other service agencies. The case aide teaches homemaking skills and serves as a surrogate grandparent where natural family ties are weak.

The department also provides a service to unmarried parents in each of the area offices that is designed to help any unmarried parent deal with the situation and plan for the future and the unborn child.

The department further serves the school age parent through its cooperative efforts with other services organizations. The agency has taken an active lead in this regard by sponsoring two new organizations. We have organized an advocacy group of those who provide direct client services to young parents in the areas of health, education, mental health, adoption, abortion and social services. This group sponsors joint activities and works on common problems. In addition the department sponsors an ad hoc steering commitee for school age parents, an organization composed of parents, service providers and interested citizens. The steering committee has worked on statewide awareness campaigns.

Speech Project. The division of crippled children is currently operating a speech project in Grant, Hardy and Pendleton counties and is using a different approach in the provision of diagnostic and therapy services. The goal of this project is to provide a three-year program of speech pathology management to a number of communicatively handicapped children below five years of age. Each child will be trained in his home by his mother or other family member or day care provider, with the parents' permission. Any child under five is eligible for the diagnostic evaluation free of charge. Children who are found to meet the medical and financial eligibility receive therapy through the project free of charge.

The Grant, Hardy and Pendleton County cluster was chosen as the site of the project because of the need for speech pathology services in the preschool population. In-the-home service, rather than the traditional clinic setting, was chosen because the combined problems of harsh winter weather, rugged terrain, difficult roads and sparse public transportation limit the frequency with which parents can transport children to a clinic. Tnerapy visits can be more consistent when the speech pathologist visits the home. Furthermore, there is impressive evidence that mothers, when trained and monitored, can be effective in managing a child's communication handicap. Training the child in his home has the added advantage of providing natural stimuli for language development. The child's own toys can be used as the therapy materials.

The CAN-DO Project

A statewide toll free hotline (1-800-642-8595) for reporting child abuse and neglect has been operated in West Virginia since April 1975 as a cooperative effort between the Salvation Army of Charleston and the West Virginia Department of Welfare. With the activation of the hotline there has been a continuing effort to raise the awareness of the general and professional population to information about child maltreatment. During the past three years, over 4,000 referrals have been processed through the hotline, and over 300 awareness presentations have been made by the staff of the Salvation Army Child Abuse and Neglect Detection Operation (CAN-DO).

This operation is set up so that the phone is answered 24 hours a day. In after-hours emergencies, the CAN-DO staff is able to contact the department of welfare protective service workers at their homes. Throughout the state there is 24-hour child protective services.

CAN-DO also operates an aggressive child maltreatment program in the Kanawha Valley parent education classes. Parental support services are offered to a number of parents with a variety of problems. These activities are designed to strengthen the families to more effectively cope with the stress and frustrations of parenting. The program has been embraced by the participants.

This parent education gives a structured learning experience devoted solely to child rearing techniques. It gives parents an opportunity to discuss skills in communicating with children, in child management and child discipline techniques. It gives parents an opportunity to clarify for themselves the goals and values they have for their children.

The group sessions are usually ten weeks long, each meeting in various locations around the community. Supervised child care is provided. Groups are mixed as to income level and family characteristics.

The parent support service involves home visits to families by CAN-DO community workers. These visits are to provide friendly and nurturing support to families under stress for a variety of reasons. They often include medical problems threatening to the physical or mental health of the children. This often involves obtaining services for the family from other agencies and then providing transportation. Families are referred to the program by other agencies, by individuals and by self-referrals.

In the past two years, approximately 375 parent education classes have been held with a total attendance of over 4,300. About 1,000 home visits have been made. All the services provided by the Salvation Army CAN-DO project are without fees. The program is supported under a Title XX contract with the West Virginia Department of Welfare. The matching funds are from the donations of individuals and foundations. Some of the staff budget is obtained through a grant under the Comprehensive Education and Training Act.

Appalachian Regional Commission
1666 Connecticut Avenue, N.W.
Washington, D.C. 20234

PHOTO CREDITS

KENNETH MURRAY • ERIC POGGENPOHL